Rosemount Area Hockey Association
Hardship Program

The Rosemount Area Hockey Association (RAHA) is committed to making membership accessible to all families who wish to participate in our hockey programs. The RAHA Financial Hardship program is intended to provide a reduced fee and/or alternate payment plan to families who otherwise would not be able to participate in our programs due to financial constraints. Eligibility and availability is limited and each application is considered on a case-by-case basis.

Reduced Fees / Alternate Payment Plans will be considered based on the following criteria:

- Availability of Funds
- Financial need of the parent(s) and/or player applicant
- Extenuating personal circumstances of the parent(s) and/or player applicant
- Dedication to the association, team and financial obligations

A signed hardship application form must be completed and submitted to the RAHA Secretary along with a brief letter explaining your circumstances and the amount requested. The letter should also include your involvement with RAHA; specifically any coaching, managing, fundraising activities or other volunteer time you have provided to the association. Reduced fee awards are legally recoverable if paid and awarded on the basis of false information.

In addition to the application form, the following additional information may be requested in order to evaluate the application.

- Proof of financial need to qualify for a reduced fee. (A copy of the most recent Federal Form 1040/A and/or W-2/1099 form.)
- Copies of the two most recent pay stubs, or unemployment compensation stubs, which show year-to-date income from each guardian/payor.

Payment plans for the reduced fee must be adhered to after accepting an award. Participants will be removed from the hockey program if payments are not received under the agreed-upon installment plan.

All application information is treated with confidentiality.

For consideration, all information must be completed and submitted to the RAHA Secretary (Kyle Eisenzimmer)

- via email: kylee@rosemounthockey.org
- or via mail: RAHA. PO BOX 225 - Rosemount, MN 55068

Please be advised that not all applicants will receive a reduced fee or alternate payment plan. Hardship program awards are not talent based awards. Each player who receives a reduced fee must also demonstrate dedication through consistent attendance at team practices and games and exhibit positive sportsmanship. Volunteerism is also an important component of the program. It is the responsibility of each family receiving a reduced fee to reciprocate through active participation in the volunteer program. This may include being asked to participate in more than the required number of volunteer hours set forth at the beginning of the season.

All applications will be reviewed thoroughly and awards will be determined based on the availability of funds and after assessing the needs and situations of the applicants. Recipients will be notified by the Secretary. Awards will be credited to the family account for the current hockey season. All recipients will remain confidential.

Rosemount Area Hockey Association
Financial Hardship Program Application

Applicant Personal Information:

Player Name: _____ Team: _____
Player Level: ___ Mite ___ Squirt ___ PeeWee ___ Bantam ___ Other _____
Parent / Guardian Name: _____
Primary Address: _____
Home Phone: _____
Alternate Phone: _____
Email Address: _____
Amount of award / Alternative payment plan requested: _____

Please identify any non-RAHA Hockey you have participated in (AAA programs, clinics, etc.)? And for how long? _____

Please provide a brief letter or statement explaining your situation and any special circumstances for why financial assistance is being sought.

I hereby apply for a reduced fee / alternative payment plan award to be applied toward fees for the player listed above for the current hockey season. I understand that hardship awards are based on availability of funds and application criteria. Should the above player leave the association or cease playing for any reason, the hardship award will be returned to the Rosemount Area Hockey Association. I further understand that any falsified information on this application will render any award null and void and the funds will be returned to the Rosemount Area Hockey Association.

I understand that payment plans under the Hardship Program must be adhered to after accepting an award and that players may be removed from the hockey program if payments are not received under the agreed upon installment plan.

I understand that applying for a reduced fee / alternative payment plan does not automatically result in receiving an award.

I certify that the information included in the application is correct and true to the best of my knowledge.

Signature: _____ Date: _____

Additional attachments may be requested, please be prepared to provide:

- Copies of the most recent Federal Form 1040/A and/or W-2/1099 form.
- Copies of the two most recent pay stubs, or unemployment compensation stubs, which show year-to-date income