



## APPLICATION FOR ASSISTANCE

To apply for financial assistance:

1. Complete application below.
2. Read and sign applicant's certification.
3. Prepare applicant's information on certification of compliance, obtain applicable signatures.
4. Return all completed forms to – O.M.A.H.A., Attn: Gilinda Giles,  
12550 W. Maple Road, Omaha, NE. 68164.

**Application Deadline:** Winter Season (October – March) Deadline: November 1<sup>st</sup>

All information contained in this application shall remain confidential to the O.M.A.H.A. Board of Directors.

1. Applicant's Name: \_\_\_\_\_
2. Age: \_\_\_\_\_
3. Address: \_\_\_\_\_
4. Parent's or Guardian's Name: \_\_\_\_\_
5. Parent's or Guardian's Phone Number: \_\_\_\_\_
6. Est. Gross Annual Income: \$ \_\_\_\_\_
7. Number of People Living in Applicant's Household: \_\_\_\_\_
8. Assistance Requested: House Fees: \_\_\_\_\_, High School Fees: \_\_\_\_\_
9. Special Considerations: (Briefly describe any special conditions which make it difficult to pay above expenses) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's Parent/Guardian's (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

### Applicant's Certification

#### O.M.A.H.A. Rules

**Notice to applicants: The following rules govern the qualifications of O.M.A.H.A. assistance.**

- A. Applicant Family must demonstrate financial need.
- B. Applicants with the greatest need will be awarded assistance first.
- C. Scholarship will be considered to the extent that applicants must perform at or near the limits of their potential.
- D. No committee members or members of O.M.A.H.A. Board of Directors will be eligible.
- E. Applicants must play hockey at one of the following levels:
  1. O.M.A.H.A. Hockey House League
  2. High School Club Hockey
- F. Applicants must demonstrate a history of good sportsmanship and reliability as a team member.
- G. All recipients of O.M.A.H.A. Hockey Assistance will be expected to donate time in volunteer service to our organization.

Applicant's Signature: \_\_\_\_\_

Applicant's Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR MORE INFORMATION ON THE ASSISTANCE PROGRAM, PLEASE CALL THE O.M.A.H.A. OFFICE AT (402) 964-9259 AND SPEAK WITH GILINDA GILES OR E-MAIL [ggomahahockey@cox.net](mailto:ggomahahockey@cox.net)