



Grant Application Form

All sections of this form must be completed. Applications are not guarantees of payment. All applications will be reviewed by SYHA board members on a monthly or quarterly basis. Grants available are based on demonstration of financial need, number of applications received, and available funds. Approved funding will be paid out directly to the association or business for the expense(s) requested. Applications for purchases must include a copy of quote/proof of expected expense as well as business contact information. Equipment requests will be coordinated by SYHA with our equipment partner.

Please submit all application forms to Ryno Linder: ryno@seattleyouthhockeyassist.org

RECIPIENT CONTACT INFORMATION

Grant Recipient 1 Name

Grant Recipient 2 Name

Grant Recipient 3 Name

Date of Request

Youth Hockey Association(s)

Parent 1 Name

Parent 1 Phone

Parent 1 Email Address

Parent 2 Name

Parent 2 Phone

Parent 2 Email Address

PERSON COMPLETING FORM - If different from parent[s]:

Name & Relationship to Recipient

Phone Number

E-Mail Address

Details of Request (Please give a detailed description)

Details of Request - Continued

Amount Requested

Funding Type: Season Grant/Purchase

Date Funds Needed

TO BE COMPLETED BY SYHA BOARD

Approved/Denied

Date

Board Member Name 1

Board Member Name 2