



## FINANCIAL ASSISTANCE REQUEST FORM

**Ice in Paradise strives to offer everyone an opportunity to skate and/or participate in one of our programs regardless of their financial situation. Full or partial aid is available. Our Community Benefit Committee meets regularly to review completed applications (with supporting documentation from both parents) submitted by our due dates of November 30 and June 1. All applications and decisions will be kept strictly confidential.**

**Date:** \_\_\_\_\_

**Applying For Please Circle:**

Skating School    In House Hockey    Figure Skating Camp    Hockey Camp    Other:\_\_\_\_\_

Program Date Begins:\_\_\_\_\_

**Applicant (Skater) Information:**

Name:\_\_\_\_\_

Last

First

MI

Age:\_\_\_\_\_ Grade:\_\_\_\_\_ Date of Birth:\_\_\_\_\_ School:\_\_\_\_\_

Number of Years at Ice in Paradise:\_\_\_\_\_ Number of Siblings at Ice in Paradise:\_\_\_\_\_

**Parent/Guardian Information:**

**1. Parent/Guardian Name:**\_\_\_\_\_

Last

First

MI

Residence Address:\_\_\_\_\_

Street

\_\_\_\_\_

City

State

Zip

Home Telephone #:\_\_\_\_\_ Cell Phone #:\_\_\_\_\_ Email:\_\_\_\_\_

Marital Status:    \_\_\_\_\_Single    \_\_\_\_\_Married    \_\_\_\_\_Divorced

Mortgage Payment:\_\_\_\_\_ Monthly Rent Payment:\_\_\_\_\_

**2. Parent/Guardian Name:** \_\_\_\_\_  
Last First MI

Residence Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced

Mortgage Payment: \_\_\_\_\_ Monthly Rent Payment: \_\_\_\_\_

**Father or Legal Guardian:**

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_ Other Income: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**Mother or Legal Guardian:**

Occupation: \_\_\_\_\_ Annual Income: \_\_\_\_\_ Other Income: \_\_\_\_\_

Work Address: \_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

**Both Parents and/or Guardian:**

Total Net Assets: \_\_\_\_\_

**Reason for Applying for Financial Assistance:**

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**How much total do you feel you can pay toward your skater's desired activity at Ice in Paradise?** \_\_\_\_\_

(DO NOT LEAVE BLANK)

**PLEASE ATTACH A COPY OF YOUR PREVIOUS YEAR'S FEDERAL TAX RETURN SUMMARY SHEET FOR BOTH PARENTS FINANCIAL ASSISTANCE REQUESTS WILL NOT BE PROCESSED WITHOUT THIS INFORMATION**

**INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED AND A COMPLETE APPLICATION MUST BE RECEIVED BY THE DUE DATES OF NOVEMBER 30 AND JUNE 1.**

**Parent/Guardian Signatures**

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

**Mail To: Ice in Paradise  
Attn: Community Benefit Committee  
6985 Santa Felicia Drive  
Goleta, CA 93117**