

TYLER PUTNAM FOUNDATION

Registration Assistance Program Guidelines & Application

Goals:

Primary: Provide registration fee assistance to players and their families who have experienced a life altering event and as a result are experiencing financial constraints due to circumstances beyond their control.

Secondary: Support youth/junior hockey in Rochester & surrounding area.

Registration Assistance Fund:

Registration assistance is comprised of donations made directly to the Tyler Putnam Foundation. Assistance will be granted on a per season and case by case basis.

Application Guidelines:

1. The applicant must be in good financial standing with the organization they are registering with and exhibit a general financial need.
2. Based upon degree of need, TPF will award up to 100% of the **fees** for an accepted applicant.
3. An accepted applicant will have a check mailed directly to the organization they have registered with from the Tyler Putnam Foundation in memory of Tyler Putnam.
4. A limited number of assistance scholarships are available on an annual basis.

Application Process:

1. Application with the noted necessary paperwork to the following address:
TPF President
115 Queens Lane
Rochester, New York 14617
2. The Executive Board of the Tyler Putnam Foundation, which consists of the President, Vice President and Treasurer, will review all applications.
3. Registration assistance will be granted based on eligibility, the total number of applicants, the amount of available funds, and other factors considered relevant by the Board.
4. The TPF Executive Board reserves the right to request additional information.
5. Applicant's name and all information provided will be kept strictly confidential. Only the TPF Executive Board will review the applications.

Contact Tyler Putnam Foundation President, Lindsay Putnam at Lindsay.putnam15@gmail.com if you have any questions.

One application per family.

Organization _____

Player Name & Division _____

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian(s) Name _____

Street Address (if different from player above) _____

City _____ State _____ Zip _____

Daytime Phone _____ Evening Phone _____

Email _____

List Ages of Household Dependents _____

Please give a brief statement for reasons for applying for assistance. List or explain any additional financial circumstances that could impact the Board of Director's decision (i.e. dependent children in secondary education, dependents with disabilities, recent job layoffs, death, etc).

I, the undersigned, understand all information given will be kept confidential, and the information on the above application is accurate and true to the best of my knowledge. If chosen to receive financial aid, I will abide by TPF adopted Fiscal Policies.

Parent/Guardian Signature Date

TPF Approval Executive Member Date

For TPF Use Only

Player Name & Division _____

Total Player League Fees _____

Recommendation: TPF awards \$ _____