



## Hardship

### 1. Hardship Guidelines

- a. Proof of financial need must be demonstrated to qualify for a hardship (a copy of the most recent Federal income tax return and W-2/1099 form is required).
- b. Copies of three (3) of the most recent pay stubs from each parent which show your year-to-date income must be provided.
- c. A brief letter explaining your situation and any special circumstances for why financial assistance is sought along with the amount of assistance needed.
- d. A signed Hardship Application form must be completed and submitted. All information on the application must be true and accurate. Hardships are legally recoverable if paid and awarded on the basis of false information.
- e. Payment plans of the reduced fee must be adhered to after accepting an award. Participants may be removed from the program if payments are not timely received under the agreed upon installment plan.
- f. Hardships are limited to one program per family member per season.

2. All hardships will be awarded on the basis of need and availability of hardship funds. All information submitted is confidential and is not a matter of public record.

3. Receipt of a hardship award does not guarantee placement on a program. Members must meet all eligibility requirements for participation.



**LEAFS**  
**ICE CENTRE**

Hardship Application Form

Part 1: Participant Information	
Name:	Date of Birth
Address	Phone number
City, State and zip code	email address:
Part 2: Hardship Reason	
Class or Program name	Amount Requesting

I certify that the information provided on this form and on any and all accompanying documentation I have provided to be true and accurate to the best of my knowledge. I authorize Club Sports Consulting Group to verify all information as well as request any additional information required to process this request. I acknowledge any false or misleading information submitted on this application may subject me to personal liability. I certify that this distribution is necessary to satisfy the hardship described above, the amount requested is not in excess of the amount necessary to relieve such financial need, and the financial need cannot be satisfied from other resources reasonably available to me. I have read all the forms regarding the tax implications and penalties involved in taking hardship distribution

Participant Signature and Date (If minor, parent signature required)
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Please return completed forms in a sealed envelope to:

Hailey Kenny, V.P. Club Sports Consulting Group

c/o Leafs Ice Centre

801 Wesemann Drive, West Dundee, IL 60118

CSCG Approval	Date Processed
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