



Cincinnati Cyclones Foundation Financial Assistance Application & Policy

The Cincinnati Cyclones Foundation (“Foundation”) is proud to offer need-based scholarships to support players. Over the past year, the Foundation has provided more than \$35,000 in financial assistance to players.

This application is used to request financial assistance for fees associated with participation in the Cincinnati Jr. Cyclones ice hockey program.

Families receiving assistance will be required to complete designated service hours (outlined below). Failure to complete required service hours by the end of the season will result in the player being ineligible to attend tryouts and or placement for teams for the following season until any outstanding balance is paid in full.

Financial Hardship Policy

1. Application Requirement

All families requesting financial assistance must complete the Financial Aid Application in full. Incomplete applications will be returned. A separate application is required for each player.

2. Award Determination

Applicants may be awarded full or partial scholarships based on available funds. Awards will not exceed the total fees for the house hockey season.

3. Funding Limits

Each year, the Foundation allocates a specific amount to the Scholarship Assistance Fund. Total awards granted may not exceed this budgeted amount.

4. Purpose of Assistance

Scholarship Assistance is intended to help families experiencing temporary financial hardship. It is not designed to be an ongoing annual subsidy. Assistance is generally limited to two years per player, unless an exception is approved by the Foundation. Preference may be given to families participating in public assistance programs (e.g., free/reduced lunch, medical assistance, unemployment benefits).

5. Use of Funds

Assistance applies only to Cincinnati Jr. Cyclones ice hockey registration and/or team fees. Awards will be issued as credit to the player’s Cincinnati Jr. Cyclones account and will not be distributed in any other form (i.e., cash, check, etc).

6. Volunteer Requirement

Families receiving assistance will be required to complete volunteer hours. The number of required hours will vary based on the amount of assistance awarded.

7. **Application Deadline**

All applications must be submitted no later than June 15, 2026. Applications received after this date will be considered on a discretionary basis.

8. **Foundation Discretion**

All financial assistance decisions are made at the sole discretion of the Foundation.

9. **Confidentiality**

All information submitted will be kept strictly confidential.

All applications should be submitted via email to katie.tetzlaff@jrcyclones.com

APPLICATION TO FOLLOW



Cincinnati Cyclones Foundation Financial Assistance Application

(Please complete one form per player.)

Applicant Information

- Player Name: _____
- Player Date of Birth: _____
- Player Age Level: _____
- Parent/Guardian Name(s): _____
- Address: _____
- Phone Number: _____
- Email Address: _____

Financial Assistance Request

- Amount Requested: \$ _____

Are you applying for Assistance Elsewhere

- What organization(s): _____
- Amount received: _____

Household Information

- Number of Household Members: _____

Hardship Explanation

- Please briefly describe the financial hardship or circumstances leading to this request:

Contribution Toward Fees

- Amount you are able to contribute toward fees: \$ _____

Acknowledgment

I certify that the information provided is accurate to the best of my knowledge. I understand that submission of this application does not guarantee financial assistance and that all decisions are made at the discretion of the Cincinnati Cyclones Foundation.

Signature: _____

Date: _____

All applications should be submitted to katie.tetzlaff@jrcyclones.com



**Cincinnati Cyclones Foundation
Financial Assistance Award Acceptance**

Player Name: _____

We are pleased to inform you that the Cincinnati Cyclones Foundation has approved your application for financial assistance.

Award Amount: \$ _____

This award will be applied as a credit toward Cincinnati Jr. Cyclones Ice Hockey registration and/or team fees.

Volunteer Requirement

As a condition of receiving this financial assistance, your family is required to complete:

Required Volunteer Hours: _____

All volunteer hours must be completed by the end of the season. Failure to fulfill this requirement may result in ineligibility for future participation, including but not limited to tryouts and team placement for the upcoming season, until any outstanding obligations are satisfied.

Acknowledgment and Acceptance

By signing below, you acknowledge and agree to the following:

- The award amount listed above is accurate
- You understand and agree to complete the required volunteer hours
- You understand that failure to meet these requirements may impact future participation
- You agree to comply with all Cincinnati Cyclones policies

Parent/Guardian Name: _____

Signature: _____

Date: _____

Acceptance Letter should be sent via email to katie.tetzlaff@jrcyclones.com

For Office Use Only:

Acceptance received on: _____

Acceptance Approved by: _____