



Ohio Blue Jackets Grant Application

with support from the Columbus Blue Jackets Foundation

The Ohio Blue Jackets Grant is designed to provide financial assistance to players who may otherwise be unable to continue playing ice hockey due to family financial circumstances or other special considerations.

Each application is reviewed individually and evaluated by the program's Board of Directors. All information submitted will remain strictly confidential and will only be shared among our executive leadership, board members, and the Columbus Blue Jackets Foundation.

All applications must be completed in full, signed and emailed to npetraglia@aaabluejackets.com.

DATE: _____ TEAM: _____

Applicant's Name: _____ Date of Birth: _____

Email Address: _____ # of Dependents Claimed: _____

Cell Phone: _____

Last year's reported Adjusted Gross Income: _____ (copies of prior two year's tax return must be included)

Did you participate in any spring/summer hockey: Please circle one: Yes No

If Yes, with who? _____

Do you participate in private hockey lessons? Please circle one: Yes No

How much financial assistance are you seeking?: _____

How much are you able to pay for hockey? _____

In your email, please include a copy of your child's academic record along with a detailed explanation of your family's need for financial assistance.

If a Grant is approved for a family, community service hours for the Columbus Blue Jackets Foundation will be required.

Parent or Guardian Signature: _____ Date: _____

(MUST BE SIGNED FOR APPLICATION TO BE CONSIDERED)