

# DELANO AREA YOUTH HOCKEY ASSOCIATION

## “KEEP KIDS IN HOCKEY” SCHOLARSHIP APPLICATION FORM

Application Deadline is at time of Registration, but no later than October 1<sup>st</sup>

### (One child per application)

Child Applicant Name:

M/F:                                      Age:                                      Grade in School:                                      Hockey Level:

School Name:                                      Average Grade (A/B/C):

Parent or Legal Guardian Name:

Home Address:

Home Phone:                                      Cell Phone:                                      Email:

Primary Employer:                                      Work Phone:

### Please list all legal guardians in the household.

Name:                                      Annual Income: \$

Name:                                      Annual Income: \$                                      Household Income: \$

### Please list all other children in your household.

Name:                                      M/F                                      Age:                                      Plays Hockey?                                      Level:

Name:                                      M/F                                      Age:                                      Plays Hockey?                                      Level:

Name:                                      M/F                                      Age:                                      Plays Hockey?                                      Level:

Name:                                      M/F                                      Age:                                      Plays Hockey?                                      Level:

Name:                                      M/F                                      Age:                                      Plays Hockey?                                      Level:

Name:                                      M/F                                      Age:                                      Plays Hockey?                                      Level:

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DAYHA Scholarships are considered and granted based on the following criteria:

- \* Availability of funds
- \* Financial need of parent(s) and child applicant
- \* Academic record of the child applicant
- \* Special personal circumstances
- \* Number of years with association
- \* No balance from prior year's fees

**Please forward your completed application and information to:**

**Delano Area Youth Hockey Association**  
**Confidential Attn: KKH Scholarship**  
**Administrator**  
**PO Box 62**  
**Delano, MN 55328**

The “Keep Kids in Hockey” Scholarship program in accordance with the DAYHA mission is designed to provide an affordable, high quality hockey experience to those who have a financial need. This program is not meant to be a handout but rather a financial assistance program made available to those who meet the qualifying criteria and are committed to the organization. Recipients of the scholarship will be required to complete volunteer hours based on the level of assistance they receive in a ratio of 1hr/\$50 received. For example, if your player fee is \$1,000 and you receive the max scholarship of 50% (\$500), then your volunteer hour commitment would be 10 hours (\$500/\$50). This is in addition to the standard number of volunteer hours required per player. Please contact the Administrator or DAYHA Volunteer Coordinator to learn of opportunities that will help you meet your volunteer requirement.

I understand that I am responsible for submitting the following information in order to apply and be considered for a scholarship:

- \* Completed Scholarship Application Form
- \* Copy of most recent income tax statement filed by parent(s) of child applicant
- \* Copy of most recent child applicant academic report card
- \* Explanation of any special personal circumstances
- \* Description of parent(s) availability and commitment to volunteer

I hereby certify that the information on this form is accurate and I understand that the DAYHA Executive Board may verify this information and I give authorization to DAYHA Executive Board to verify the information contained within this application. Deliberate misrepresentation may result in termination of further financial assistance. I understand that any financial assistance is granted through a confidential Executive Board process based on the outlined criteria, and there is no guarantee made of the granting nor amount of the scholarship. I understand and agree to abide by DAYHA terms and conditions of accepting the scholarship. I understand that continued financial support may be terminated if these terms and conditions are not met. I also understand that DAYHA's scholarships are awarded seasonally, and that I must apply each season for scholarship consideration.

Parent or Legal Guardian Name:

Parent or Legal Guardian Signature:

Date:

**DAYHA Executive Board Use Only:**

Date Application Package Received:

Date Application Package Forwarded to Executive Board:

Received by:

Date Application Package Reviewed by Executive Board:

Application Package Complete or Incomplete:

Application Approved or Denied:

Missing Information:

Scholarship % or \$Amount Granted:

Notes:

Date Parent(s) Applicant Notified:

