



**Glenview Jr. Stars and Stars Hockey Scholarship Application**  
**2025-2026 Regular Hockey Season**  
*(Spring and Summer Hockey Programming Not Eligible for Scholarship)*

ALL APPLICATION INFORMATION IS TREATED WITH CONFIDENTIALITY

Please note that submission of an application does not automatically suggest/guarantee approval. We will begin to accept applications for **Girls Nationals-Eligible teams on June 16, 2025 and close at 5:00pm on June 18, 2025.** We will begin to accept applications for **Jr. Stars, Stars (boys/coed) and any Girls team on August 10, 2025 and close at 5:00pm on August 31, 2025.** Completed Applications may be sent via mail to: Glenview Stars Hockey Association, **Attn: Scholarship**, P.O. Box 2577, 1400 Patriot Blvd., Glenview, IL 60026 or email to: [GScholarshipFund@gmail.com](mailto:GScholarshipFund@gmail.com). **Applications that do not include all requested information will not be processed.** Scholarship decisions will normally be made within 3-7 days of receipt of the application and will be communicated in writing to the parent/guardian requesting aid.

Completed scholarship applications are evaluated by the scholarship committee comprised of members of the Board of Directors, the Director of Coaching & Player Development and Girls Hockey Director (if applicable). Each financial scholarship request is based on the need and available funds.

Scholarships are NOT talent based. Sibling discounts are not automatically granted. A single scholarship application should be filed per player, per registration period.

Each player receiving a scholarship must meet and adhere to all guidelines, terms and conditions set forth in the player scholarship request procedures and demonstrate dedication through regular attendance at team practice and games. In addition, the player and family must adhere to behavior and code of conduct expectations as established by the Glenview Stars Hockey Association. Also, it is the responsibility of each family receiving a scholarship to reciprocate through active participation in the organization, including volunteer hours.

The following items must be submitted as part of the application process:

**Mandatory:**

1. Completed Application
2. **Copy** of Form 1040 2022 U.S. Individual Income Tax Return (**with social security numbers redacted**).
3. Essay from player addressing how participation in hockey has impacted their life
4. **Copy** Most recent school report card
5. Proof of monthly income (See section 4 of application; supporting documents should be **copies**)

## Glenview Jr. Stars and Stars Hockey Scholarship Request Form

### Section 1: Household Information

Total number of adults in household: \_\_\_\_ Total number of dependents in the household: \_\_\_\_

#### Primary Adult (Please print):

Full name: \_\_\_\_ . Contact Number: \_\_\_\_

Address: \_\_\_\_ . City: \_\_\_\_

Zip: \_\_\_\_ . Email: \_\_\_\_

#### Secondary Adult (Please Print)

Full name: \_\_\_\_ . Contact Number: \_\_\_\_

Email: \_\_\_\_

#### Player (Please Print)

Full Name: \_\_\_\_ Birth Year: \_\_\_\_

### Section 2: Hockey Program Info

Check level you are registering for in the current session.

COED		GIRLS
<input type="checkbox"/>	Mite	<input type="checkbox"/> U8
<input type="checkbox"/>	Squirt	<input type="checkbox"/> U10
<input type="checkbox"/>	Peewee	<input type="checkbox"/> U12
<input type="checkbox"/>	Bantam	<input type="checkbox"/> U14
		<input type="checkbox"/> U16
		<input type="checkbox"/> U19

### Section 3: Gross Annual Household Income

Gross annual income (please check one)

<input type="checkbox"/>	\$0-\$25,000
<input type="checkbox"/>	\$25,001-\$50,000
<input type="checkbox"/>	\$50,001-\$75,000
<input type="checkbox"/>	\$75,001-\$90,000
<input type="checkbox"/>	\$90,001-\$120,000
<input type="checkbox"/>	\$120,000+

### Section 3: Gross Annual Household Income CONTINUED

Are your circumstances temporary?: \_\_\_\_\_ Yes \_\_\_\_\_ No

Has your household income changed in the past 6 months?

\_\_\_\_\_ Yes (Please explain below) \_\_\_\_\_ No

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What is the dollar amount you are able to pay towards the Jr. Stars or Stars travel hockey program for the 2024-2025 regular hockey season?:

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Do you qualify for any government assistance programs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please list all programs you are eligible for (AFDC, Food Stamps, free/reduced school lunches, etc.)

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### Section 4: Gross Monthly Household Income

Write the income amount in the left column and check the box if supporting documents included.		
Gross Monthly	Household Income Source Document	Included
\$	Last months' wages, salaries, and tips (for all household members)	
\$	Pensions/Retirement/Annuities	
\$	Social security/ Supplemental security	
\$	Disability/Unemployment	
\$	Child support/Aid to dependent children/Alimony	
\$	Housing assistance/FAP/Utility assistance/TANF	
\$	Other	

## Section 5: Parent/Guardian Personal Statement

Please explain any financial hardships you are having.

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

\*Attach separate sheet if needed

## Section 6: Player Essay

Please attach a written essay by your player about what hockey means to them and how hockey has impacted their life.

## Section 7: Additional Information

What volunteer opportunities are you able to perform for the organization during the 2024-2025 regular hockey season?

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## Section 8: Statement of Understanding, Terms and Condition

Please read through each of the statements below. This section MUST be signed for your application to be reviewed.

1. If approved, the scholarship amount covers registration fees (full or partial, as determined) for the 2025-2026 regular hockey season and is not guaranteed of financial aid in future seasons.
2. The player's family is responsible for AAU or USA hockey registration fees, renewed annually.
3. The player's family is responsible for paying the required contribution(s) to their player's team slush fund.
4. I understand that I must submit the required documentation listed in order for my application to be considered.
5. A player receiving a full or partial scholarship must demonstrate dedication through regular attendance at team practice and games. In addition, the player and family must adhere to behavior and code of conduct expectations as established by the Glenview Stars Hockey Association.
6. I agree to notify the Board of Directors of the Glenview Stars Hockey Association in writing if my financial status improves, so that my player's scholarship award can be re-evaluated, thus providing opportunities for those in greater need.
7. The parent(s) or legal guardian(s) agree to volunteer during the 2025-2026 regular hockey season in some capacity, including, but not limited to: scorekeeper, scoreboard worker, penalty box volunteer, serving on a committee, working at fundraising events, or being a team manager or team treasurer.

I hereby certify that all of the above information is true and correct, and I understand that Glenview Stars may verify the information on the application or ask for additional information in consideration of my application.

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_