



**Scholarship Request Application**  
**CONFIDENTIAL**  
Appleton Area Hockey Association (AAHA)

Approved by: AAHA Board of Directors on 4/1/2025

Athlete Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Season \_\_\_\_\_ Scholarship amount requested \_\_\_\_\_

**Level during season (circle one)**

Mite                  U10                  U12                  U14                  Squirt                  PeeWee                  Bantam

**Parent/Guardian Name(s)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Parent/Guardian Phone Number**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Parent/Guardian Address**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Parent/Guardian Email Address**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Please include a detailed explanation for your scholarship request with this form.** Documentation can include, but is not limited to, proof of government assistance or proof of immediate financial hardship. You may include the written recommendation of any resource you feel appropriate.

By signing this form, you are verifying the items listed below:

- That all information provided on this form and in all additional documentation related to this request is true and accurate.
- That you understand your application will be rejected if any of the information provided is found to be false.
- That you are requesting to have your confidential application reviewed by AAHA's Board of Directors.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name \_\_\_\_\_