



GREG SWANSON SCHOLARSHIP APPLICATION

The Greg Swanson Scholarship fund provides all scholarship funds. Scholarships are considered on an individual basis by the Greg Swanson Scholarship Committee. No individual will be awarded more than \$500 annually. The Scholarship Selection Committee shall disperse funds allocated by the Governing Committee annually.

Parent/Guardian Name: _____

Phone #: _____ Email: _____

Player Name: _____

DOB: _____ Level of Play: _____

USA Hockey #: _____

*Please attach a copy of the email confirmation page from USA Hockey.

Scholarship Request for: _____ Registration Fees _____ Equipment _____ Camp Fees

Total cost of requested item(s): _____

Total amount of the scholarship request: _____

Briefly explain your need for this scholarship and the amount you are requesting.

By signing this application, you attest that all information is true and accurate. Not providing full and accurate information may prevent the player(s) from receiving scholarship assistance from the Greg Swanson Scholarship Fund.

Parent/Guardian Signature: _____ Date: _____

Send completed forms to scholarships@aberdeenhockey.com