

ROCKFORD HOCKEY CLUB FINANCIAL ASSISTANCE (SCHOLARSHIP) APPLICATION

MUST BE SUBMITTED BY JULY 1

Applicant Information

Parent / Guardian 1:		
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Address, City, Zip:		
Parent / Guardian 2:		
Cell Phone:	Home Phone:	Work Phone:
Email Address:		
Address, City, Zip:		
=		notherStepfatherGuardian
Assistance is being req	uested for the following	child/children:
Player Name:		_Age division:
	n participate in off-seasc s, what programs?	on hockey programs?
Tax Reporting Filing St	catus:MarriedMarr Head of Househ	ried Filing SeparatelySingle oldWidow
Size of Household: Nu	mber of adults living in h	nousehold



Number of children living in household ____

Total Household income for the year (from all sources)		
Total Household expenses for the year		
I will be willing to participant in volunteer hours if awarded scholarship: Yes No		
Please explain why financial assistance is needed. Provide as much information as possible and use the back of this form if more space is needed.		
I hereby certify that the information submitted on this form is true and correct, and I understand the RHC may verify the information on this application or ask for additional information. Providing false information will result in denial of financial assistance.		
Applicant(s) Signature:		
Signature:		

Please return signed application and most recent IRS federal income tax return 1040 or 1040A, including supporting tax schedules (if applicable). First 2 pages only, please black out social security numbers. All info will be kept confidential and only viewed by the RHC Scholarship Committee.