



**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: \_\_\_\_\_

Player lives with: ☐ Mother ☐ Father ☐ Stepmother ☐ Stepfather ☐ Guardian  
Other (specify) \_\_\_\_\_

Assistance is being requested for the following child/children:

Player Name: \_\_\_\_\_ Age division: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age division: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age division: \_\_\_\_\_

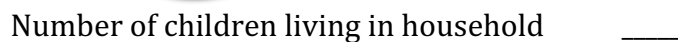
Player Name: \_\_\_\_\_ Age division: \_\_\_\_\_

Did your child/children participate in off-season hockey programs?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what programs? \_\_\_\_\_

Tax Reporting Filing Status: ☐ Married ☐ Married Filing Separately ☐ Single  
☐ Head of Household ☐ Widow

Size of Household: Number of adults living in household \_\_\_\_\_



Total Household expenses for the year \_\_\_\_\_

Yes \_\_\_\_\_ No \_\_\_\_\_

[illegible]

Applicant(s) Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Send to: Rockford Hockey Club | Attn: Treasurer | P.O. Box 9152 | Rockford, IL 61126  
or by email to: [treasurer@rockfordhockeyclub.com](mailto:treasurer@rockfordhockeyclub.com)