



ROCKFORD AREA HIGH SCHOOL HOCKEY, INC.
ROCKFORD LIGHTNING
FINANCIAL ASSISTANCE (SCHOLARSHIP) APPLICATION
MUST BE SUBMITTED BY AUGUST 15TH, 2024

One of RAHSH's goals is to make sure any player that shows the desire and commitment to play has the opportunity regardless of financial ability. All information provided is kept confidential.

Applicant Information

Parent/Guardian 1: _____

Cell Phone: _____

Email Address: _____

Address, City, Zip: _____

Parent/Guardian 2: _____

Cell Phone: _____

Email Address: _____

Address, City, Zip: _____

Player Name: _____

Player Name: _____

Player Lives with: _____

Tax Reporting Filing Status: _____ Married _____ Married Filing Separately
 _____ Single _____ Head of Household
 _____ Surviving Spouse

Number of adults living in household: _____

Number of dependents living in household: _____

Total household income for the year (from all sources): _____

Are your circumstances temporary? ____ Yes ____ No

Has your household income changed the last 6 months: ____ Yes ____ No

If yes, please explain:

I will be willing to participate in volunteer hours if awarded scholarship:

____ Yes ____ No

Personal Statement. Please explain why financial assistance is needed.

**Along with this application please send a copy of the most recent filed 1040 IRS Federal Tax Return
(Please black out all SSN's)**

I hereby certify that the above information provided is true and correct, and I understand RAHSH may verify the information on this application or ask for additional information. Falsifying information can result in denial of financial assistance.

Applicant Signature: _____

Applicant Signature (if applicable): _____

Please email to: MKieffer87@yahoo.com (Subject: RAHSH Scholarship Application)
(Please scan or take a photo of the application) by September 4th, 2024