



Scholarship Application

Parent/Guardian Name: Click or tap here to enter text.

Player Name: Click or tap here to enter text.

2025-26 Team/Program: Click or tap here to enter text.

Requested Scholarship Amount: \$Click or tap here to enter text.

Scholarships are possible due to fundraising and careful resource management. It takes everyone to help keep COGH viable and improving. In return for financial assistance, we ask, if possible, to help COGH continue to provide the import programs we offer and continue to build the girls' hockey community in the central Ohio area.

Are you able to volunteer for a COGH program:

☐ Yes

☐ No

Are you able to help COGH as a 50/50 Volunteer this season?

Comments: Click or tap here to enter text.

The COGH board of directors will review all scholarship applications and award as many as our budget allows. The scholarship committee will be in touch soon.

Thank you for supporting COGH and girls' hockey!