



Scholarship/Payment Plan Application

This is an agreement between the Faribault Hockey Association and one of its' members establishing a Payment Plan / Scholarship. Due to financial difficulties at this time we want to make a special arrangement for payment of FHA registration fees. The FHA wants to allow as many kids as possible to play hockey in Faribault and realize that some families aren't able to absorb the cost at times.

Skater's Name: _____ Parent(s)/ Guardian(s) Name(s): _____

Parent(s)/ Guardian(s) email: _____ Phone Number: _____

Hockey Fee(s): _____ How much can you contribute: _____

Player's Level:	Player's Registration Fee Amount:
<p><i>Please describe your payment plan / scholarship needs. This information will be kept in strict confidence.</i></p> <p><i>Include your reasoning for requesting a scholarship (family situation, income, # of skaters, other pertinent information)</i></p>	
Empty space for application details	

Delivery Option: Please e-mail completed form to the FHA Treasurer (fbotreasurer@gmail.com) prior to registration night.

Parent(s): _____ Parent(s): _____ Date: _____
Name Signature

Scholarship: _____ Scholarship: _____ Date: _____
Chair Name Chair Signature

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