



Ely Blue Line Youth Hockey

Scholarship Application

Player name: _____ DATE _____

Level: _____

Player Address: _____

City: _____ STATE _____ Zip: _____

Home phone number: _____ E-mail: _____ @ _____

Parents / Guardian name: _____

Father: _____ Daytime Phone: _____

Mother: _____ Daytime Phone: _____

Scholarship Guidelines:

- Players must complete mandatory fundraising and volunteer requirements as well as pay jersey & equipment fee.
- Player must be in good standing with the association (no outstanding fees or volunteer hours)
- Preference will be given to those families who qualify for government and public assistance such as school lunch assistance and WIC, as well as those families experiencing hardship.

Scholarship for EBL registration fees will be granted based on the following criteria:

- Availability of EBL funds
- Financial need of the parent/child applicant
- Special personal circumstances of parent/child applicant
- No balance from prior year's fees

Please complete/answer and submit the following to:

ELY BLUE LINE
ATTN TREASURER
PO BOX 516
ELY, MN 55731

- EBL Scholarship application (this form)
- Explanation of any special circumstance/hardship. Provide as much information as necessary (attach additional paper if needed)
- Have you applied and been approved for the Free and Reduced Price School Meals program from the Minnesota Department of Education for the current school year YES _____ NO _____
- Have you applied for and been approved for WIC? YES _____ NO _____
- Number of family members in household _____ Children living at home _____

PLEASE NOTE: The Ely Blue Line strongly suggests that all families receiving scholarships participate in more than the required amount of volunteer hours as opposed to "buying out."

All information will be kept confidential .