



Oshkosh Area Youth Hockey Scholarship Application

General Information

Oshkosh Area Youth Hockey Association has a Scholarship Program to promote the benefits of playing youth hockey to families and players who need financial assistance. Partial scholarships are available for players who qualify based on the criteria below. Levels of assistance will vary from year to year and based on funds available through the association and outside charitable contributions. If awarded a scholarship, the money is applied to the player's account. Academic and athletic merit, in addition to financial need are considerations. Awards are at the full discretion of the OAYHA Board and Scholarship Committee. The scholarship committee shall consist of the President, Vice President and Treasurer. The scholarship committee solely shall be responsible for reviewing every scholarship application and allocating available scholarship funds. All applicants will be contacted by the scholarship committee regarding the status of their scholarship application.

Application Criteria

Applicants must meet the following criteria:

- This program is open to any eligible in district OAYHA player
- Must demonstrate financial need as well as desire to participate fully
- A portion of all program fees for the player must be paid in full before a scholarship application will be considered
- Family may not "buy out" volunteer credits to be considered

Application Materials and Process

Applications are due by Due August 15th for the current season; and funds will be awarded by September 15th. Confidentiality of submitted information is paramount. Please print and fill out the forms (pages 1-4).

Your application consists of:

- 1) completed cover sheet
- 2) a copy of your player's most recent report card
- 3) a copy of your most recent pay stub
- 4) a written statement of financial need that addresses all the questions asked.

Send your completed application to:

presidentoyha@gmail.com

OR

Oshkosh Area Youth Hockey Association | Attn: Scholarship Committee
PO Box 3836 | Oshkosh, WI 54903

Scholarship Application Cover Sheet

Player's Name: _____ Birthdate: _____ Birth Year: _____

School: _____

Age Group for this season (i.e. Squirt): _____

Years in OAYHA (as a family): _____

Applying Parent's Name: _____

Child's Address(es):

Mother's Name: _____

Mother: Home Phone: _____ Work: _____ Cell: _____

Mother's Employer: _____

Father's Name: _____

Father: Home Phone: _____ Work: _____ Cell: _____

Father's Employer: _____

I hereby certify that all the information submitted in the application package is true and correct, and acknowledge that failure to complete this entire application and/or submitting false information may disqualify my child from financial assistance.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Submit a written statement that addresses each of the following questions

ALL INFORMATION IS CONFIDENTIAL

Section I: Volunteering: FVYHA Scholarship funds must be raised each year in order to cover the costs of program fees. We must have your full support in fundraising, as a volunteer, in order to make scholarship funds available to you.

A. Did you participate in fundraising events during the previous season? Please name the events and describe your contributions.

Y / N

If not, please explain:

B. Did you complete all your volunteer credits last season?

Y / N

If not, please explain:

Section II: Financial Need

A. Did you receive a OAYHA scholarship for last season?

Y / N

If not, please explain:

B. If you are a single parent, will both parents be sharing the cost of the player's fees?

Y / N

If not, please explain:

C. Are you receiving child support from any source for the player?

Y / N

If not, please explain:

D. Are you receiving monetary support from any source for the player's activities?

Y / N

If not, please explain:

E. Does your child receive financial assistance for school tuition or lunch?

Y / N

Section III: Support / Justification: In a written statement, please specify why do you feel your child should be awarded financial assistance? Describe any additional conditions that affect your financial position that you feel the committee should be aware of that are pertinent to your situation.

