



HAWK Financial Assistance and Scholarship Application 2025-2026 Season

Player Name: _____

Player Birth Year: _____

Current Hockey Level: _____

Years Playing in Youth Hockey _____

Years with the HAWK Hockey: _____

Parents Names: _____

Applicant's Name: _____

Relationship to Player: _____

Phone/cell: _____

E-mail: _____

Amount You Can Afford to Pay: _____

Number of Youth Hockey Players in _____

In order to complete your application, please also submit the following documents:

- 1) Describe the circumstances affecting financial need and address what other fundraising activities you've explored to assist in making hockey affordable for your family.

- 2) Please submit a copy of the 1st page and signature page of your previous year's tax return. Any financial information collected will be reviewed solely by the board committee responsible for making scholarship recommendations and will be kept in strict confidence. **Please black out any SS numbers.** (Note: if parents do not file jointly, or are divorced/separated, tax returns from both parents are required)

Signature(s): _____

To apply confidentially for the scholarship please fill out the application below and put it in an envelope marked attn: Treasurer, place in the Treasurers payment box at Walker Ice and Fitness or hand to a board member. If you have been granted a scholarship in the previous season at this time, we will not be able to approve another one as we have many families that are in need of assistance.