

Dublin Jerome Hockey Booster Club
HARDSHIP SCHOLARSHIP REQUEST



Student Athlete's Name: _____

Mother's/Guardian Name: _____ Primary Contact? Y / N

Occupation: _____ Employer: _____

Father's/Guardian Name: _____ Primary Contact? Y / N

Occupation: _____ Employer: _____

Primary Contact Email Address: _____

Primary Contact Cell Phone: _____

Number of Dependent Children (*children living in the home who are legal dependents*): _____

What is the amount you are requesting? _____

Are you able to participate in an extended payment plan? _____

What can you afford to pay each month with an extended payment plan? _____

What fundraising activities have you participated in so far this year?

Are you able to provide volunteer assistance this season? Y / N How many total hours? _____

Is your student in good standing with Jerome High School's Code of Conduct? _____

Brief explanation for why you are requesting financial assistance from the Dublin Jerome Hockey Booster Club:

I understand that applying for financial aid does not automatically grant me financial aid. I certify that the above information is correct and true to the best of my knowledge.

Signature: _____ Date: _____

ALL INFORMATION RECEIVED IS HANDLED WITH ABSOLUTE CONFIDENTIALITY

Please return to the current Booster Club President, at President@DublinJeromeHockey.com prior to the posted deadline.