

**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](mailto:President@DublinJeromeHockey.com) prior to the posted deadline.**