BLOOMINGTON YOUTH HOCKEY

Scholarship & Financial Assistance Application

Complete all sections. Attach all required documentation. Incomplete applications may not be reviewed.

PLAYER INFORMATION

Player Name: _____

Birth Year: _____ Age Division: ■10U ■12U ■14U ■16U ■18U

Returning BYH Player? ■ Yes ■ No

Parent/Guardian 1: _____

Parent/Guardian 2: _____

Address: _____

City/State/ZIP: _____

Phone: _____ Email: _____

HOUSEHOLD INFORMATION

Household Size: _____ Number of Dependents: _____

Annual Household Income: $_____

Number of Players Registered with BYH: ■1 ■2 ■3 ■4+

SPECIAL FINANCIAL CIRCUMSTANCES

Check all that apply: ■ Job Loss ■ Medical Expenses ■ Single Parent ■ Disability

■ Death of Parent/Guardian ■ Divorce/Separation ■ Temporary Financial Crisis ■ Other

Please explain:

_____

_____

_____

SCHOLARSHIP REQUEST

Registration Fee: $_____

Scholarship Amount Requested: $_____

Other Assistance Requested (if applicable): _____

REQUIRED DOCUMENTATION

■ Federal Tax Return (first two pages)

■ Two most recent pay stubs for all wage earners

■ Public assistance documentation (if applicable)

■ Documentation supporting special financial circumstances

VOLUNTEER AGREEMENT

I understand scholarship recipients must complete fifteen (15) volunteer hours by January 31 and remain in good standing with Bloomington Youth Hockey.

CERTIFICATION

I certify the information provided is true and complete. I authorize Bloomington Youth Hockey to verify the information submitted.

Parent/Guardian Signature: _____ Date: _____

BOARD USE ONLY

APPLICATION PROCESSING

Date Received: _____

Application Complete: ■ Yes ■ No

Documentation Verified: ■ Yes ■ No

Board Review Date: _____

Assigned Reviewers: _____

FINAL DECISION

Total Score: _____ /100

Approved: ■ Yes ■ No

Scholarship Percentage: _____%

Award Amount: $_____

Conditions: _____

Board Signatures:

_____