

Stoughton Youth Hockey Association

Scholarship Application



How to Apply:

1. Complete the below.
2. Submissions must be post/electronic marked between 7/1 and 9/15. Late Applications will not be accepted
3. Mail forms to PO Box 351 Stoughton, WI 53589 **OR**
Email :Treasurer@stoughtonhockey.com

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| Section 1: Athlete Recipient | |
| First Name: | Last Name: |
| School Attending and grade come fall: | Birthdate: Gender Male Female |
| Have you received funding prior? | |
| Full Season Cost | Grant Request |
| Age level Playing this season: | U6 U8 U10 U12 U14 |
| Section 2: Parent or Guardian | |
| First Name: | Last Name: |
| Mailing Address: | City, Zipcode |
| Email address: | <ul style="list-style-type: none"> • Single Parent/guardian • Dual Parent/guardian |
| Number of children in the program: | Phone Number: |
| What does playing SYHA hockey mean to your child? OR What does Sportsmanship mean to your child? | |
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Detail the situation justifying your request for assistance. (All names will be blacked out when going to committee to protect your family's privacy). Attach pages if needed.

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Please complete the following section All boxes must be checked for application to be processed.

- The information presented in the application is true and complete to the best of my knowledge.
- I have read and agree to the privacy policy.
- I give Stoughton Youth Hockey permission to contact me regarding the application.
- I agree to and understand that Stoughton Hockey is providing funding to cover the fees associated with my child's hockey/learn to skate, I will not hold Stoughton Youth Hockey responsible or take legal action under any circumstances.
- I believe that this grant is essential to my child's participation in this season of hockey
- I understand deliberate misrepresentation of material facts in this Application may be cause for disqualification.
- I understand that awards of financial assistance are granted through a confidential Board process based upon outlined criteria, and there is no guarantee made regarding the awarding of financial assistance or the amount of any award.
- I also understand that the Fund's financial assistance awards are determined annually, and that I must apply each year for financial assistance consideration.

Signature of Parent/Guardian:

Date: