



LAHA Youth Hockey Scholarship Application

SEASON: 2025-2026

PLAYER INFORMATION:

PLAYER NAME:

BIRTHDATE:

LEVEL (Mini Mite, Mite, Squirt, etc.):

RETURNING LAHA PLAYER: YES NO

PARENT/GUARDIAN CONTACT INFORMATION:

NAME:

PHONE:

EMAIL:

HOUSEHOLD INCOME:

Estimated Annual Household Income (Check One):

- ☐ Under \$35,000
- ☐ \$35,001 - \$49,999
- ☐ \$50,000 - \$64,999
- ☐ \$65,000 - \$79,999
- ☐ \$80,000 or more

PUBLIC ASSISTANCE STATUS:

Check All that Apply:

- ☐ Free / Reduced Lunch
- ☐ SNAP / Food Assistance
- ☐ Medicaid / Medical Assistance
- ☐ Housing Assistance
- ☐ TANF
- ☐ SSI
- ☐ None

NUMBER OF PLAYERS IN LAHA:

- ☐ 1
- ☐ 2
- ☐ 3 or more

SPECIAL CIRCUMSTANCES

Briefly describe any special financial or family circumstances you'd like us to consider:

ACKNOWLEDGEMENT

- ☐ I certify that the above information is accurate to the best of my knowledge
- ☐ I understand that scholarships are awarded based on need and available funds
- ☐ I understand that applying does not guarantee an award

Parent/Guardian Signature

Date