The North Branch Area Hockey Association (NBAHA) is committed to providing the opportunity for young athletes to participate in youth hockey at all levels. Our endowment scholarship program has been designed to provide annual funds to be awarded to help ease the financial obligations of playing. Scholarships may be awarded to an applicant who fills out the following form and provides the required information. All applications and information collected will be kept strictly confidential and will only be used for the determination of recipients.

Please print clearly the following information. If the form is incomplete, inaccurate, illegible, or not signed, it will not be considered. Please email completed forms to registrar@northbranchhockey.com before the deadline of Sept. 1st 2025.

The awarded Scholarship amounts will vary from year to year. No guarantee of financial assistance is implied by the completion of this application. Awarded scholarships may vary depending on availability of funds and individual circumstances.

Requirements:

1. Athletes must be a member of the NBAHA.

2. Athletes must have no balance from prior NBAHA dues or other events.

3. Athletes must be in good standing with the NBAHA, District 10, MN hockey and USA Hockey.

4. Athletes must be committed to participate for the complete season of which they are applying for.

5. Parent(s) / Guardian(s) must be committed to volunteer for events, fundraising, committees, or other capacity.

6. Application must be completed, legible, accurate and turned in by the deadline.

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| --- | --- | --- | --- | --- | --- |
| **Part 1- Player Information** | | | | | |
| Name of Player | | Address | City | State | Zip |
| Date of Birth | Level Playing for:  D Mites C Mites A/ B Mites |U8 Squirt/U10 PeeWee/U12 Bantam/U15 | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part 2- Family Information** | | | | | | | | | |
| Parent/Guardian | | | Address | | | City | State | Zip | |
| Home Phone number | | Cell phone number | | Email address | | | | | |
| Parent/Guardian 2 | | | Address | | | City | State | Zip | |
| Home Phone number | | Cell phone number | | Email address | | | | | |
| Size of family | Number of siblings playing in NBAHA? | | | | Do you receive any other assistance to play hockey? Please list. | | | |  |
| Annual House hold Income  $20,000 or less $20,000-$40,000 $40,000-$60,000 $60,000-$80,000 $80,000-$100,000 $100,000 or more | | | | | | | | | |

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| **Part 3- Parent/Guardian Request Statement** |
| On a separate page, please explain why you think the NBAHA Board should select you to be a Scholarship  Recipient. Please include any special personal circumstances. |

I hereby certify that everything I have stated in this application is correct and to the best of my knowledge. I understand that the NBAHA will retain this application and all additional documents submitted as part of this application. I understand that should any information submitted be found to be a deliberate misrepresentation, it may disqualify me for the Scholarship.

Parent / Guardian 1 Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_