



## TOMAH YOUTH HOCKEY SCHOLARSHIP REQUEST FORM

Date of scholarship request: \_\_\_\_\_

Parent/Guardian requesting scholarship:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: (Home): \_\_\_\_\_ (Work/Cell): \_\_\_\_\_

Parent or Guardian (state relationship to player) \_\_\_\_\_

Marital status: Single \_\_\_ Married \_\_\_ Divorced \_\_\_

Total number in household: \_\_\_\_\_

Total number of children participating in TYH program: \_\_\_\_\_

Does your family meet the guidelines set by the National School Lunch Program?

Yes \_\_\_ No \_\_\_

List the name and age of the player(s) for which you are requesting a scholarship:

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_

SCHOLARSHIP PERCENTAGE REQUESTED: 25% \_\_\_ 50% \_\_\_ 75% \_\_\_ 100% \_\_\_

Scholarship recipients and their parents/guardians are required to assist in fundraising activities. If you are unable to meet this requirement, please indicate reason.

My child and I are unable to assist in fundraising activities for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_

Please attach any other information you feel is needed for the board to evaluate your request.

MAIL REQUEST TO: TYH, P.O. Box 126, Tomah, WI 54660

DATE: \_\_\_\_\_

SCHOLARSHIP APPROVED AMOUNT \$ \_\_\_\_\_ DENIED \_\_\_\_\_