**Champaign-Urbana Youth Hockey Association (CUYHA)**

2025-2026 Scholarship Application

**Skater Name\***: Click here to enter text.

**Select skater level**: Choose an item.

**Parent/Guardian 1 Name**: Click here to enter text. **Parent/Guardian 1 Email**: Click here to enter text.

**Parent/Guardian 2 Name**: Click here to enter text. **Parent/Guardian 2 Email**: Click here to enter text.

***\*If you have more than one skater, enter the name(s) of your other skater(s) here:***

Click here to enter text.

Please answer the following questions and return your completed application to scholarships@cuyha.org

All applications will be kept confidential and will be shared only with members of the Scholarship Committee that determine scholarship awards. Your privacy and confidentiality will be respected.

***For full consideration of your application, please submit by September 20th, 2025***

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| **Participation in hockey** |

1. **Has your skater played hockey in the past? If so, where?**

Click here to enter text.

1. **What do you project to be your skater’s long-term involvement in CUYHA (i.e., how long to you see them playing with the Chiefs)?**

Click here to enter text.

1. **What position does your skater usually play?**

Click here to enter text.

1. **Have you received a scholarship from CUYHA in the past? ☐Yes ☐No**

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| **Financial Need** |

1. **For each Parent/Guardian listed above, please indicate the place of employment, position, full- or part-time, and how long you have been employed in this position.**

Click here to enter text.

1. **Please describe the circumstances leading to your need for a scholarship, including any extenuating circumstances or other information that might help the Scholarship Committee determine your assistance needs.**

Click here to enter text.

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| **Participation as a volunteer** |

1. **In what ways have you supported your child through volunteer efforts? Have any of these efforts involved CUYHA?**

Click here to enter text.

1. **All CUYHA families are expected to volunteer time to help the organization and its teams in various capacities. As a scholarship recipient, additional hours or reciprocal assistance to help CUYHA is expected. Please indicate which of the following areas of help you may be able to provide to give back to the organization for your scholarship:**

☐ I am able to provide extra help with CUYHA’s fundraising efforts this season

☐ I am able to help with the Minor Hawks program (equipment distribution, gear assistance, etc.)

☐ I am able to serve on committees

☐ I am able to provide special skills or services to CUYHA, including such things as photography, web design, making phone calls, pursuing local sponsorship, assistant coaching, team scheduler, team manager, etc.

☐ Other: Click here to enter text.

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| **Additional Areas of Assistance** |

Many CUYHA teams, coaches and families are very helpful and supportive of players needing assistance, particularly when informed of how to help. These can include such things as transportation to practice, games, tournaments, rooming with other players, etc. While CUYHA cannot insure that these needs will be met for your player, please indicate if any of the following would be helpful (checking the box indicates your permission for us to notify others about these specific needs, not of your scholarship status in general):

☐ Transportation to/from practice ☐ Transportation to/from away tournaments

☐ Transportation to/from home games ☐ Lodging at tournaments/rooming with another player

☐ Transportation to/from away games ☐ Other: Click here to enter text.

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| **Costs** |

***All skaters/families, regardless of scholarship received, are expected to pay the deposit at their skater’s level as a minimum investment towards the 2022-2023 season fees and contribute volunteer hours as a way to give back to CUYHA***.

Scholarship awards are based on financial need and extenuating family circumstances. Financial assistance varies per player and awards may range from approximately 20% to 75% of costs. No full scholarships are available.

**Please indicate the amount you would reasonably be able to pay:**

☐ I am only able to pay the minimum deposit

☐ I could pay up to ½ of the season fees

☐ I could pay up to ¾ of the season fees

☐ I am willing to pay up to $Click here to enter text.

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| **Agreement and Digital Signature** |

* By typing my name below, I certify that all of the above information is accurate to the best of my knowledge. I understand that if this application leads to financial assistance, I am obligated to pay the minimum fee of $250 or $350 (depending on skater’s level), as well as fulfill volunteer obligations as a way to give back to CUYHA.
* I understand that that failure to complete this application in whole, failure to meet minimum payment and volunteer obligations, and/or submitting false information may disqualify my skater(s) from financial assistance and jeopardize my skater(s) ability to obtain future scholarship support.

**Parent/Guardian**: Click here to enter text. **Date**: Click here to enter text.

Please email completed applications to scholarships@cuyha.org