

West Salem Hockey Association Scholarship Request Form

Objective:

To provide an equal opportunity for any child who may be interested in playing hockey with the West Salem Hockey Association (WSHA), allowing them the opportunity to enhance their physical, mental and social abilities through hockey, without causing a significant financial burden to the family.

Requirements:

- Any family with a demonstrated financial need is welcome to apply.
- Requests may be made at any time, but are preferred prior to the start of the season.
- All requests for scholarship will be reviewed by the Scholarship Committee consisting of the Treasurer and up to two selected members of the WSHA Board of Directors.
- Funding will be subject to the amount of funds available in the WSHA Scholarship Fund and the number of applicants submitting requests for scholarship funds.
- The scholarship recipients family and skaters must agree to abide by all rules and policies as determined by the WSHA Board and the team coach(es).

What the funding may include:

- a. Registration Fees
- b. Hockey Equipment (if rental equipment is not available or suitable)
- c. Minor Travel Expenses (if pre-approved by the WSHA President and Treasurer. Requests must be submitted at least one month prior to each trip.)
- d. Any other miscellaneous expense deemed appropriate by the WSHA

Procedures:

- Applicants must complete this scholarship request form in its entirety and submit it to the
 Treasurer, either in person, by dropping it in the black box by concessions, or by emailing it to
 westsalemhockeytreasurer@gmail.com. If emailing, please include "Scholarship Request" in the
 subject line.
- Recommendations will be communicated in a timely manner, no later than two weeks following receipt of the completed request form.





Please describe your financial needs a	and the circumstances of your request:
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maintaining good sportsmanship, fair responsibility of all skaters associated	play and the WSHA Board of Directors has determined that play and the appropriate conduct both on and off the ice is the with the WSHA. Therefore, it is agreed that, by signing below, to abide by all rules and policies as determined by the WSHA t) and the team coach(es).
Skater Name (Printed)	Parent/Guardian Name (Printed)
Street Address	City, State Zip
Home/Cell Phone #	email
I have read the above statement and .	agree to abide by it.
Skater (Signed)	Date
Parent/Guardian (Signed)	 Date