2025-26 BRAJA Scholarship Application

please fill out a separate form for each child for whom you are applying

PLAYER INFORMATION

Player Name: _____

Player Birth Year: _____

Current Hockey Level: _____

Years Playing in Youth Hockey: _____

Years with BRAJHA: _____

APPLICANT INFORMATION

Applicant's Name: _____

Relationship to Player: _____

Applicant Daytime Phone: _____

Applicant Evening Phone: _____

Applicant e-mail: _____

Number of Youth Hockey Players in Household: _____

2025-26 Player Fee's _____

Amount You Can Afford to Pay _____

Remaining Amount _____

In order to complete your application, please also submit the following documents:

1.) In a separate document, of no more than two pages, please tell us about your child's involvement with our Association. Describe the circumstances affecting financial need and address what other fundraising activities you've explored to assist in making hockey affordable for your family. If you are applying for more than one child in your family, you may use the same letter of request for multiple children. Typed pages are preferred, but legible, printed, handwritten sheets will be accepted.

2.) Please submit a copy of the 1st page and signature page of your previous year's tax return. Any financial information collected will be reviewed solely by the board committee responsible for making scholarship recommendations and will be kept in strict confidence. (Note: if parents do not file jointly, or are divorced/separated, tax returns from both parents are required)

I/We, as the Parent/Legal Guardian(s) of the player named above, attest to the truth of the above information as well as to any accompanying documentation. I/We agree to and will uphold the terms and conditions set forth by the BRAJHA Board of Directors as well as the Scholarship Guidelines.

Parent/Legal Guardian Signature(s):

_____ Date: _____

Name:

_____ Date: _____

Name: