

NORTHERN LAKES YOUTH HOCKEY ASSOCIATION

PO Box 96, Deerwood, MN 56444

The Northern Lakes Youth Hockey Association (NLYHA) is committed to providing the opportunity for young athletes to participate in youth hockey skill development at all levels. Our Scholarship Program has been designed to provide annual funds to be awarded to help ease the financial obligations of participating in hockey with the primary goal to assist those seeking further skill development opportunities. 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 form to northernlakeslightning@gmail.com or turn in completed applications to your age level Coordinator on or before the deadline. 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 Northern Lakes Youth Hockey Association Program.
- 2) Athletes must have no balance from prior Northern Lakes Youth Hockey Association dues or other events.
- 3) Athletes must be in good standing with the Northern Lakes Youth Hockey Association, Minnesota 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, committees, or in other capacities for NLYHA.
- 6) Application must be completed, legible, accurate and turned in by the deadline.

Part 1 – Player Information

Name of Player	Address	City	State	Zip
Date of Birth	Level and Team Playing for in next hockey season:			

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 NLYHA	Have you received a NLYHA scholarship in the past? Yes or No	Do you receive any other assistance? Please list:	
Annual Household Income (circle appropriate income range): \$20,000 or Less \$20,000 to \$40,000 \$40,000 to \$50,000 \$60,000 to \$80,000 \$80,000 to \$100,000 \$100,000 Or More				

Part 3 – Parent / Guardian Request Statement

On a separate page, please explain why you think the Northern Lakes Youth Hockey Association Board of Directors should select you to be a Scholarship Recipient. Please include any special personal circumstances.

I hereby certify that everything that I have stated in this application is correct and to the best of my knowledge. I understand that the Northern Lakes Youth Hockey Association 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

Parent / Guardian 2 Signature

Date

