

Bloomington Youth Hockey & Bloomington House League

Scholarship Application Form

DEADLINE: October 1st

INFORMATION IS STRICTLY CONFIDENTIAL

PERSONAL INFORMATION (Please Print)

Youth Participant's Name: _____ Date of Birth: _____

Home Address: _____ Hockey Team: _____

City/State/Zip Code: _____ Circle one: Skater OR Goalie

Circle one: BYH OR House

Parent/Guardian Name(s): _____

Home Phone: _____ Work: _____ Cell: _____

Email Address: _____

FINANCIAL INFORMATION (*To be completed by parent/guardian*)

Mother/Guardian's Occupation and Employer: _____

Mother/Guardian's Total Annual Income: \$ _____

Father/Guardian's Occupation and Employer: _____

Father/Guardian's Total Income: \$ _____

Other Income (alimony, child support, unemployment, other assistance: \$ _____

Total number of children living at home: _____ Total number of children playing youth hockey: _____

How much can you afford to pay each month? \$ _____

HOCKEY EXPENSES

League Fees: \$ _____

Equipment: \$ _____

Other (please describe)

\$ _____

\$ _____

Total Expenses \$ _____

Amount Requested: \$ _____

ADDITIONAL INFORMATION

If you are a single parent, will both parents be sharing the cost of the player's expenses? _____

Does your child receive financial assistance for school tuition? _____

If yes, what percentage of tuition is received through financial aid? _____

If you are denied financial assistance, will this absolutely prohibit your child from playing youth hockey this season?

Yes: _____ No: _____

Is this player involved in any other sports or activities during the hockey season, including school sanctioned sports as well as community programs? Yes: _____ No: _____

If yes, please list: _____

Why do you feel your child should be awarded financial assistance?

Please describe the circumstances affecting financial need and the reasons for this request, including any additional conditions that affect your financial position and you feel the committee should be aware of that are pertinent to your situation.

I hereby certify all of the above information is true and correct and acknowledge failure to complete this entire application and/or submitting false information may disqualify my child from financial assistance. I also acknowledge I have received and read a copy of the Scholarship Policy and agree to adhere to its provisions.

Parent/Guardian: _____

Date: _____

Parent/Guardian: _____

Date: _____

Send your application by mail or email to:

BYH Scholarship Committee
P.O. Box 3454
Bloomington, IL 61702-3454

BYH Treasurer at
treasurer@bloomingtonyouthhockey.com