

MUSTANG HOCKEY ASSOCIATION

Scholarship Program Application

2025-26 Season Financial Assistance

MHA scholarships are based on financial need. To have your application considered by the MHA Scholarship Committee:

- Complete all sections of attached application.
- Include a copy of your most recent paystub.
- Provide a copy of last year's W-2

Completed applications must be MAILED to:

Mustang Hockey Association
c/o Scholarship Committee
PO Box 773904
Eagle River, AK 99577

OR dropped off in the MHA mail slot at the MAC next to locker room 1

All Applications must be postmarked no later than July 1, 2025!

Late applications will not be considered. It is the responsibility of the applicant to ensure MHA has received this packet.

All applicants to this program are required to provide proof of their monthly household income and the need for the scholarship. Incomplete forms will not be accepted or considered. Scholarship awardees will be notified via e-mail. Only one application per family. Scholarship award amounts will be

based on the number of applications received and may not cover registration fees in full.

Part 1

Player Information

All information submitted is confidential and will not be released to anyone other than the scholarship committee.

Name of Player: _____

Division Registering in: _____

Address:

Street: _____

City: _____ Zip Code: _____

Contact Phone Numbers:

Home: _____ Work: _____ Cell: _____

E-mail address: _____

Number of years played hockey: _____

Name of last association played with: _____

Number of Occupants in Household: _____

Number of Household Occupants participating in **MHA** Hockey: _____

Number of Household Occupants participating in Hockey: _____

With what Association/s? _____

Part 2
Personal Information

To receive financial assistance, verification of all sources of income must be provided. Please attach recent verification of public assistance, and/or paycheck stubs from each source of income.

Primary Earner

Name: _____

Relationship to player: Parent Guardian Other

Mailing

Address: _____

City: _____ Zip Code: _____

Marital Status: (circle one): Single Divorced Widowed

Married Separated

Home Phone: _____ Work: _____ Cell: _____

Employer: _____

Occupation: _____

Secondary Earner:

Name: _____

Relationship to player: Parent Guardian Other

Mailing Address: _____

City: _____ Zip Code: _____

Marital status (circle one) Single Divorced Widowed

Married Separated

Home Phone: _____ Work: _____ Cell: _____

Employer: _____

Occupation: _____

Part 3
Financial Information

Primary Earner:

How much did you (Primary) earn from working in 2024? \$ _____

Net Monthly Household Income: \$ _____
(Include all adults living in Household)

What were your exemptions for 2024: _____
(Line 6d on Form 1040 and form 1040A)

What was your adjusted gross income for 2024? \$ _____
(Line 33 on IRS Form 1040, or line 18 on Form 1040A, or line 4 on 1040EZ)

What was your taxable income for 2024? \$ _____
(Line 39 on Form 1040, line 32 on Form 1040A, or line 10 on Form 1040EZ)

If you are receiving public assistance, please list types and amounts.

Assistance type: _____ Amount: \$ _____

Assistance type: _____ Amount: \$ _____

Are you receiving child support? Yes No
If so, how much? \$ _____

Attach any supporting documents or additional information

Part 3
Financial Information

Secondary Earner:

How much did the secondary earner earn from working in 2024?

\$ _____

Net Monthly Household Income:

\$ _____

(Include all adults living in Household)

What were your exemptions for 2024:

\$ _____

(Line 6d on Form 1040 and form 1040A)

What was your adjusted gross income for 2024?

\$ _____

(Line 33 on IRS Form 1040, or line 18 on Form 1040A, or line 4 on 1040EZ)

What was your taxable income for 2024?

\$ _____

(Line 39 on Form 1040, line 32 on Form 1040A, or line 10 on Form 1040EZ)

If you are receiving public assistance, please list types and amounts.

Assistance type: _____ Amount: \$ _____

Assistance type: _____ Amount: \$ _____

Are you receiving child support?

Yes

No

If so, how much?

\$ _____

Attach any supporting documents or additional information

MHA scholarships are based on need. In the space provided below please explain any circumstances the Scholarship Committee should consider regarding your application.

I understand that the scholarship program is provided for low-income families. I hereby state that all the supplied information is true and correct. I understand that verification of my monthly income will be required and I authorize the release of income information by my employer to the MHA Scholarship Committee upon their request. I understand that any misrepresentation of my monthly household income will be grounds for termination of any scholarship awards, and I further agree to return all amounts awarded in the event of termination of such scholarship.

Signature: _____
(Primary Earner)

Date: _____

Signature: _____
(Secondary Earner)

Date: _____