 **Y-D YOUTH HOCKEY ASSOCIATION**

**SCHOLARSHIP APPLICATION FORM**

**Application Deadline is at time of Registration, but no later than June 1, 2015**

**(One child per application)**

Child Applicant Name:

M/F:

Parent or Legal Guardian Name:

Home Address:

Home Phone:

Primary Employer:

Age:

Grade in School:

Cell Phone:

Work Phone:

Hockey Level:

Email:

**Please list all legal guardians in the household.**

Name: Annual Income: $

Name: Annual Income: $ Household Income: $

**Please list all other children in your household.**

Name: M/F Age: Plays Hockey? Level:

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**Note: Application deadline is at time of registration, but no later than May 1,2015**

**Please forward your completed application and**

Y-D Scholarships are considered and granted based on the following criteria:  **information to:**

\* Availability of funds **Y-D Youth Hockey**

**Confidential Attn: Scholarship Committee**

\* Financial need of parent(s) and child applicant  **P.O. Box 16** **Yarmouthport, MA**

\* Special personal circumstances **02675**

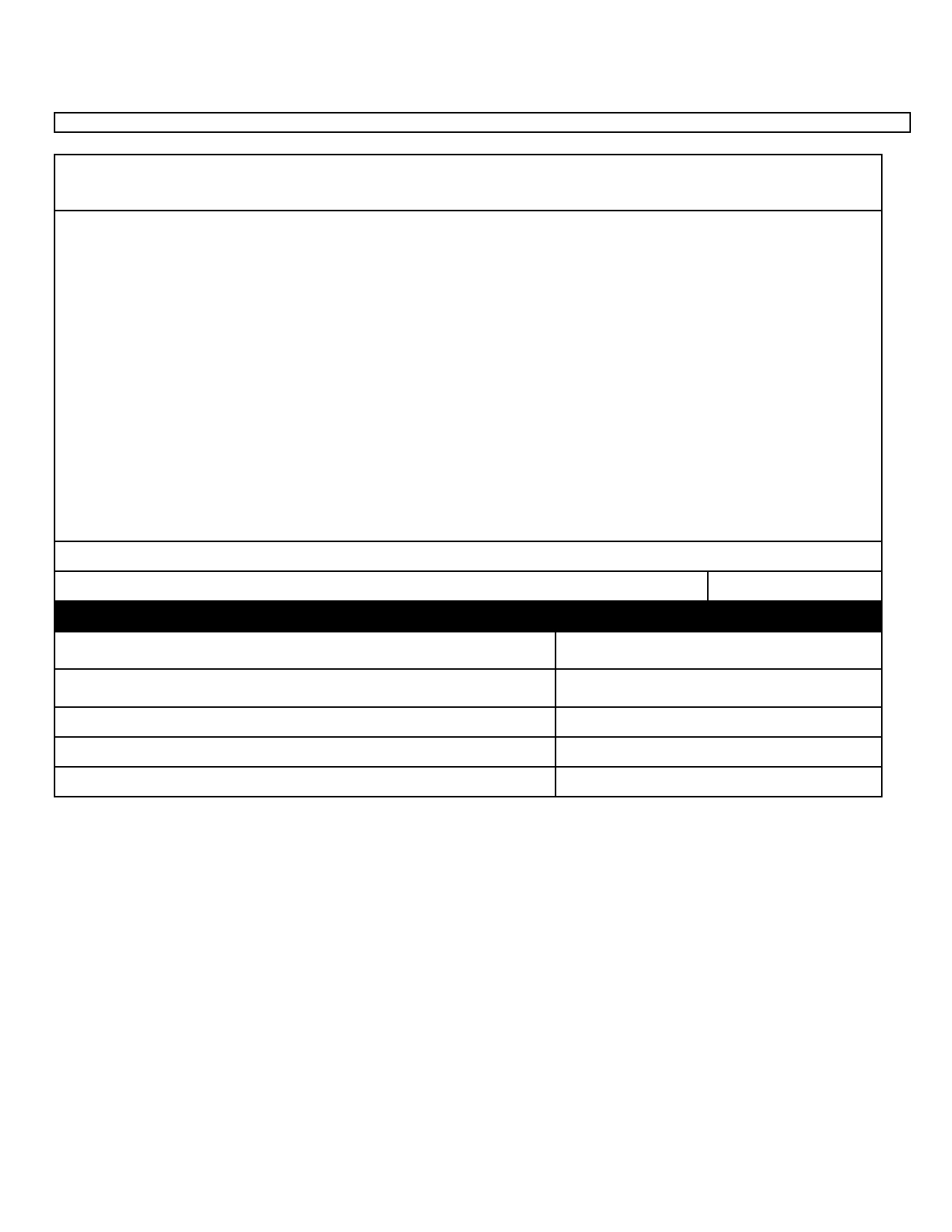
\* No balance from prior year's fees

The Y-D Scholarship program in accordance with the Y-D mission is designed to provide an affordable, high

quality hockey experience to those who have a financial need. This program is not meant to be a handout but rather a financial

assistance program made available to those who meet the qualifying criteria and are committed to the organization. .

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I understand that I am responsible for submitting the following information in order to apply and be considered for a scholarship:

\* Completed Scholarship Application Form

\* Copy of most recent income tax statement filed by parent(s) of child applicant

\* Explanation of any special personal circumstances

I hereby certify that the information on this form is accurate and I understand that the Y-D Scholarship Committee may verify this information and I give authorization to Y-D Scholarship Committee to verify the information contained within this application.

Deliberate misrepresentation may result in termination of further financial assistance. I understand that any financial assistance is

granted through a confidential Scholarship Committee process based on the outlined criteria, and there is no guarantee made of the

granting nor amount of the scholarship. I understand and agree to abide by Y-D terms and conditions of accepting the

scholarship. I understand that continued financial support may be terminated if these terms and conditions are not met. I also understand that Y-D's scholarships are awarded seasonally, and that I must apply each season for scholarship consideration.

Parent or Legal Guardian Name:

Parent or Legal Guardian Signature:

**CRYHA Executive Board Use Only:**

Date Application Package Received:

Received by:

Application Package Complete or Incomplete:

Missing Information:

Notes:

Date:

Date Application Package Forwarded to Executive

Board:

Date Application Package Reviewed by Committee:

Application Approved or Denied:

$Amount Granted:

Date Parent(s) Applicant Notified:

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Y-D YOUTH HOCKEY

P.O. BOX 16

YARMOUTHPORT, MA 02675

February 26, 2015

Dear Members:

Attached is the 2015/2016 Y-D Scholarship Application. The application must be filled out and returned with support documents to the above address no later than June 1, 2015.

Y-D Youth Hockey does not discriminate against any member seeking a scholarship. Applications will be reviewed by the scholarship committee and awards will be made based on merit and funds available.

Thank you for your attention regarding this matter.

Y-D Scholarship Committee