

Decatur Youth Hockey Association Scholarship Program



Goal

The DYHA Scholarship Program is designed to provide financial assistance to participants that demonstrate a financial need under the provisions of this program.

Scholarship Fund

a) As part of its annual budget, DYHA will determine a dollar amount that will be set aside as a scholarship fund. These funds will be used to help offset players' fees who, because of financial reasons, request assistance. The total amount of scholarships awarded can be less than, but cannot exceed the amount budgeted for scholarships.

b) Scholarships are granted on a per season basis. Applicants must reapply each season.

c) Amounts granted to any individual will not exceed 50% of that individual's total DYHA registration fees. Additional hockey costs, such as equipment and tournament fees will not be considered a part of the registration fee. Scholarship funds are awarded in the form of a credit to that individual's DYHA account balance.

Criteria for Scholarship

a) All players that meet the eligibility requirements to play in the DYHA are eligible to apply for financial assistance.

b) The applicant must be in good standing with DYHA and exhibit a general financial need. Preference will be given to those applicants whose families qualify for public assistance programs such as school lunch subsidies, medical assistance and unemployment insurance. Additional consideration will be given to applicants experiencing long-term hardship circumstances.

Application Process

a) Applicants must submit a scholarship application to the attention of the DYHA President (info@decaturhockey.com).

b) The DYHA Board will review all applications in closed session and determine the grants based on eligibility, the total number of applicants, the amount of available funds, and other factors considered relevant by the Board.

c) The DYHA Board reserves the right to request additional information at the time the scholarship is being considered.

d) The names of all scholarship applicants and recipients will be kept strictly confidential. Only the total amount of funds awarded in the annual scholarship program will be part of public DYHA records.

e) All award decisions are final; there is no appeal process.

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Player name: _____

Level: _____

Player Address: _____

City: _____ Zip: _____

Home phone number: _____

E-mail: _____ @ _____

Parents / Guardian name:

Father: _____ Daytime Phone: _____

Mother: _____ Daytime Phone: _____

Please attach an explanation of why assistance is needed. Provide as much information as necessary. Preference will be given to those applicants whose family qualifies for public assistance programs such as school lunch subsidies, medical assistance and unemployment insurance. Additional consideration will be given to applicants experiencing long-term hardship circumstances.

In the explanation, provide a statement as to why you are members of DYHA. What draws your child to the sport of hockey in a community with so many other sports available? What volunteer activities have you participated in the past that supported DYHA?

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