

**The Malcolm A. MacDermid BYHA Scholarship Fund Application**

**Part I: Contact Information**

Player Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent/Guardian Contact 1: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Contact 2: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Siblings/Ages: \_\_\_\_\_

\_\_\_\_\_

**Part II. Youth Hockey History**

Team/Level for upcoming season: \_\_\_\_\_

*Please describe the player's prior involvement with BHYA programs/teams:*

*Please describe the player's prior involvement with other youth hockey programs:*

**Part III. School Information**

Name of School: \_\_\_\_\_

School Address: \_\_\_\_\_

School Contact (Principal or Teacher): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Part IV: Personal Statement**

*Please describe below, or on a separate sheet, why you are applying for a scholarship and how the scholarship would help the applicant.*

**Part V: Financial Documents**

The BYHA requires that all applicants provide a copy of their household's or parents most recent Federal or State Tax Return and any other documents that may be useful to the committee in assessing the financial need of the application. All information provided as part of the application will be held as confidential by the scholarship committee.

**Please submit the completed application and supporting documents to:**

The Malcolm A. MacDermid BYHA Scholarship Fund  
c/o BYHA  
PO Box 154  
Belmont, MA 02478