



P.O. Box 517
Los Alamos, NM 87544



LOS ALAMOS HOCKEY ASSOCIATION

SCHOLARSHIP REQUEST FORM

Fill out form and main in or hand to an Executive Committee Member.

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|---|--------------|
| Name of Youth Hockey Player(s) | |
| Address of Player(s) | |
| Telephone/Email | |
| Birth Year(s) | |
| # of Youth Requesting Scholarship | |
| Past Experience with Hockey | |
| Name of Parent/Guardian | |
| Address of Parent/Guardian | |
| Telephone/Email of Parent/Guardian | |
| Briefly explain why you qualify for financial aid | |
| Financial aid requested | |
| In return for this financial aid, our family is committed to participating as LAHA volunteers in the following capacities: | |
| Signature | Date: |
| Board Decision | Date |