

## **BUD FAY/ DORA FUENTES SCHOLARSHIP**

The Bud Fay/Dora Fuentes Scholarship will provide financial assistance to children participating in the Amherst Hockey Association Youth Hockey program during the current season. Award(s) can be presented at any time throughout the season. The award may cover up to 50% of the registration cost (including evaluations) of the hockey season. The award is available to children regardless of race, color, sex, religion, or national origin.

### **Requirements:**

- Child must be registered member of the Amherst Hockey Association and;
- Eligible for Mites through Midgets skaters and cannot be participating in any other hockey or skating program

### **Procedures and Application Process:**

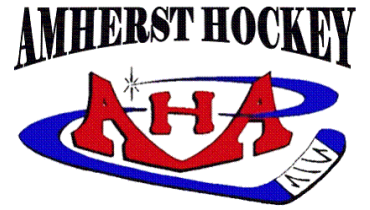
1. A parent or guardian must fill out the Application Form.
2. Decisions will be made and awards will be presented at the Hockey Banquet for the upcoming season.

Please contact the AHA Treasurer with any questions.

#### **Please return application to:**

Amherst Hockey Association  
Attn: Shelley Poreda  
113 North Plain Road  
Sunderland, MA 01375

Or via email to:  
[amhersthockeytreasurer@gmail.com](mailto:amhersthockeytreasurer@gmail.com)



**BUD FAY/ DORA FUENTES SCHOLARSHIP – APPLICATION FORM**

Parent/Guardian Name(s): \_\_\_\_\_

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

Telephone: \_\_\_\_\_

List Name, Age and Divisions of each child currently in the AHA this season:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Does your child/ren receive reduced fee school lunches? \_\_\_\_\_

Does your child/ren skate in any other hockey programs such as a select team or spring hockey?  
If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Please check the appropriate range for you annual income including all sources of funds (not just wages):

_____ \$ 10,000 and under	_____ \$ 35,001 and \$40,000
_____ \$ 10,001 to \$15,000	_____ \$ 40,001 and \$45,000
_____ \$15,001 to \$20,000	_____ \$ 45,001 and \$50,000
_____ \$20,001 to \$25,000	_____ \$ 50,001 and \$55,000
_____ \$25,001 to \$30,000	_____ \$ 55,001 and \$60,000
_____ \$30,001 and \$35,000	_____ \$ 60,001 and up

Number of individuals in your household: \_\_\_\_\_ Are you self-employed? \_\_\_\_\_

Please note on the back of this form any other information you wish the Scholarship Committee to consider when evaluating your application. All information provided will be held in strict confidence and will be reviewed by the Committee members only.

Parent/Guardian Signature: \_\_\_\_\_