



**Wonderland Wizards Youth Hockey Association  
Wonderland Wizards Scholarship Policy  
2013 – 2014 Season**

The mission of the Wonderland Wizards Youth Hockey Association (WWYHA) is to provide an outstanding educational-athletic organization and an opportunity for every child to play hockey, regardless of their family's financial ability to pay. The WWYHA tries to provide financial assistance to families in need through a scholarship fund. This assistance is awarded on a discretionary basis by the Board of Directors and its designated Scholarship Committee based on the amount of funds available and the demonstrated financial need of the applicant.

Applicants can be assured that all information related to application and disbursements will be kept in the strictest of confidence and will only be shared with the applicant, the Executive Board and the Scholarship Committee. Applicants with unpaid balances from prior seasons will NOT be considered for the scholarship in the current season.

WWYHA's policy is that all families that intend to participate in the association's programs must fulfill all financial obligations. Families should not apply with the intention of backing out of a team if they are not awarded the scholarship. WWYHA requires full player commitment to the team before the application for the scholarship is considered. This includes payment of your first installment due at the time of player commitment.

For consideration, all documentation MUST be completed and submitted no later than the due dates listed to:

Wonderland Wizards  
Youth Hockey Association  
P.O. Box 55348  
Bridgeport, CT 06610  
ATTENTION: SCHOLARSHIP COMMITTEE - CONFIDENTIAL

Program	Due Date
Travel	May 1, 2013
Girls Travel	May 1, 2013
House	August 1, 2013

The WWYHA reserves the right to verify information requested on the form. All financial assistance awards will be made after the deadline once all applications have been submitted.

At any time, during the season, if the applicant awarded the scholarship violates the association's policies, the code of conduct and/or confidential nature of the disbursement, the WWYHA reserves the right to terminate the financial assistance award.

The following items MUST be submitted as part of the application process:

1. Application Form (form on next page)
2. First 2 pages of the last two years' 1040 Tax Forms of both parents (including divorced/separated parents); black out all Social Security #'s and Bank Account #'s on Tax Forms
3. Other considerations that should be taken into account (i.e., financial situations, change in employment status, special needs, etc.)



**Wonderland Wizards Youth Hockey Association**  
**Wonderland Wizards Scholarship Application Form**  
**2013 – 2014 Season**

Please indicate the total number of children in the household: \_\_\_\_\_

Please list all your children that are planning to participate in WWYHA during the 2013-14 season:

Name	'13-'14 Level (e.g., Mite)	Travel/House/Girls	Year Started WWYHA

Mother/Guardian Information

Name	
Address	
Home Phone	
Cell Phone	
Email	

Father/Guardian Information

Name	
Address	
Home Phone	
Cell Phone	
Email	

The above parents/guardians are (check which applies):

Married  
  Divorced/Legally Separated  
  Single/Unmarried  
  Widowed

If divorced or legally separated, please indicate which parent has custody:

\_\_\_\_\_

Please provide the following financial information:

	Mother/Guardian	Father/Guardian	Joint/Combined
Current Employer			
2012 Wages, Salary and/or Self-Employment Income			
Annual Income From Child Support and/or Alimony			
Other Annual Income			
Do you own or rent your home?			
Monthly Mortgage or Rent Payments			
Do you own a second home?			
Monthly Mortgage or Rent Payments on Second Home			

How much can your family reasonably pay toward your expected WWYHA bill?

\_\_\_\_\_

Please provide any other information you would like us to consider (change in employment status, dependent parent, special needs, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/We certify that the above information is true and accurate. I/We authorize the WWYHA Scholarship Committee to make any inquiries deemed necessary to verify the information provided. This form must be signed by all custodial parents/guardians.

\_\_\_\_\_  
Mother/Guardian

\_\_\_\_\_  
Father/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**\*\*\* SCHOLARSHIP COMMITTEE USE ONLY \*\*\***

Date \_\_\_\_\_ Approved \_\_\_\_\_ Not Approved

Total Season Fee \$ \_\_\_\_\_

Scholarship Amount \$ \_\_\_\_\_

Remaining Balance \$ \_\_\_\_\_