

New Mexico Amateur Hockey Association

Scholarship Policy

PURPOSE: To establish a procedure under which those members and prospective members of the New Mexico Amateur Hockey Association desiring financial assistance may apply for scholarships.

POLICY: It shall be the policy of the New Mexico Amateur Hockey Association that, when available, scholarship funds will be accessible to those members of the association who demonstrate financial need. Such funds shall be available for the annual registration fees for either the Recreational or Travel Program. It shall be understood by all applicants that upon approval of scholarship request, applicant(s) will be expected to volunteer time for the benefit of New Mexico Amateur Hockey Association as may be requested by Program Director, Fundraising and/or Tournament Chairperson(s) or Coordinator(s). Approval responsibility for scholarship applications shall rest with the Treasurer of New Mexico Amateur Hockey Association and its Board of Directors.

PROCEDURE:

1. Applicant(s) shall signify desire for scholarship funding by indicating such desire on registration form at time of registration.
2. Applicant(s) shall complete scholarship application.
3. Applicant(s) shall furnish scholarship chair/committee with copies of two most recent years' tax returns.

The NMAHA Board of Directors will at all times strive to be reasonable and prudent in their endeavor to disburse scholarship funds fairly and equitable. Any scholarship information collected by the New Mexico Amateur Hockey Association shall be held in strictest confidence. At no time will any association member or any other person having cause to review applicant(s) information furnish said information to any unrelated third parties or in any way perform any action which might be deemed detrimental to the applicant.

Attach justification for the scholarship request. Each application is reviewed by the board and kept strictly confidential. The NMAHA Treasurer will notify the applicant in writing as to the board's decision. If approved for a scholarship, each recipient is required to participate and work additional hours for receiving scholarship funding.



New Mexico Amateur Hockey Association
Financial Information required for Membership Assistance

ALL APPLICATION INFORMATION IS TREATED WITH CONFIDENTIALITY

For consideration all documentation should be completed and submitted at or prior to registration to:

**Registrar
NMAHA
9416 Regal Ridge Dr NE
Albuquerque, NM 87192**

Please mark on the outside of the mailing envelope “Confidential”.

The following items should be submitted as part of the Application Process:

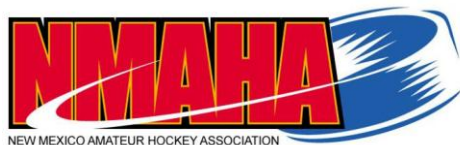
Mandatory:

- 1. Family Information**
- 2. Financial Information, copies of two most recent tax returns of both parents (including Divorced Parents)**
- 3. Other considerations that should be taken into account to understand need**
 - a. (i.e. medical conditions, financial situations, dependent care)**
- 4. Essay from player addressing how Ice Hockey has impacted his/her life**
- 5. Report card**
- 6. Recommendation from previous hockey coach describing key characteristics of applicant**

Optional:

- 1. Recommendation from school based (core subject Teacher/Principal) person describing key characteristics of applicant**
- 2. Any other potential reference to qualify applicant**

**All applications will be:
TREATED WITH COMPLETE CONFIDENTIALITY**



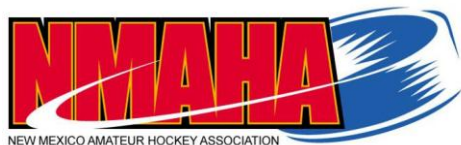
Family Information

Player Name:	
Address:	
Home Telephone: Email:	Cell Phone:
Age Group: Mini-Mite _____ Mite _____ Squirt _____ PeeWee _____ Bantam _____ Midget/HS _____	
Father's Name: Home Telephone: Email:	Cell Phone:
Father's Complete Address:	
Mother's Name: Home Telephone: Email:	Cell Phone:
Mother's Complete Address:	
Father's Employer:	Length of Time at Current Employer:
Mother's Employer:	Length of Time at Current Employer:



Financial Information

Father's Annual Income:	
Current Income from Other Sources: (Alimony, AFDC, Renters, etc)	
Type: _____ Amount: _____	
Type: _____ Amount: _____	
Housing (Circle One)	
Own Rent	
Monthly Payment: _____	
Mother's Annual Income:	
Current Income from Other Sources: (Alimony, AFDC, Renters, etc)	
Type: _____ Amount: _____	
Type: _____ Amount: _____	
Housing (Circle One)	
Own Rent	
Monthly Payment: _____	
Activities other children are involved in and approximate cost for each:	
Signature of parent:	Date:



I understand the information contained on this form is considered privileged and will be held in confidence. I further authorize the scholarship committee to make whatever inquiries deemed necessary to verify the information provided.

I also understand that I will be required a minimum volunteer service of 10 hours.

Signature of Father: _____ **Date:** _____

Signature of Mother: _____ **Date:** _____

NMAHA Use Only:

		Signature of Board
Date Received:		
All information collected:		
Date Reviewed:		
Decision:		
Date Player/Parent Notified:		

