



PARK CITY ICE MINERS



Financial Assistance Application 2017-2018 Season

Player Name: _____

Level: _____

Player Address: _____

City: _____ Zip: _____

Phone Number: _____ E-mail: _____

Parents / Guardian Information:

Father: _____ Phone: _____

Mother: _____ Phone: _____

Park City Ice Miners would prefer families receiving scholarships to commit to fulfilling all their volunteer hours (10 hours per player). If necessary a waiver can be granted.

Able to fulfill volunteer hours: YES or NO

Explanation of why assistance is needed. Provide as much information as necessary. Use an additional sheet of paper if necessary. It is Park City Ice Miners policy to give scholarship preference to any families that are receiving public assistance such as school lunch subsidies or unemployment insurance.
