



## **New England Jr. Falcons**

### **Gary Dineen Memorial Scholarship Fund Application**

**Purpose:** To provide needs-based financial assistance to players in the New England Jr. Falcons organization.

**Eligibility:** Any player registered with the New England Jr. Falcons.

**Awarding of Funds:** The awarded funds will be credited to the players account via the Gary Dineen Memorial Scholarship Fund. *The maximum award is 50% of tuition.*

**Qualifications:** An independent Gary Dineen Memorial Scholarship Fund committee will consider the following:

- Financial Need
- Academic Record
- Community Service
- The player conducting himself in a manner that contributes positively to the Jr. Falcons organization.

#### **Document Requirements:**

- Completed application
- Last two years of Federal income tax returns. (Single joint return for parents, or separate returns for both parents)
- Transcript of the players grades for the last two academic years.
- Short letter (1-2 typed pages) discussing the players' positive characteristics in hockey, academics and the community. The letter should also discuss the basis of the financial need.

All applications should be completed and postmarked no later than May 15, 2016 and mailed to the following address: New England Jr. Falcons, c/o Robin G. Munson CPA, LLC, P.O. Box 1198, Somers, CT 06071.

You may scan the completed application below to [rmunsoncpa@gmail.com](mailto:rmunsoncpa@gmail.com). Please email Robin that supporting documents are forthcoming. This will assure that all applications are received and logged.

**FAILURE TO SUBMIT AN ENTIRE DOCUMENT PACKAGE MAY AFFECT THE AMOUNT OF YOUR AWARD. YOUR INFORMATION IS REVIEWED ONLY BY AN INDEPENDENT COMMITTEE.**

*The Committee will make its decision and notify the applicants no later than June 15, 2016.*



## New England Jr. Falcons

### Gary Dineen Memorial Scholarship Fund Application

Player's Name \_\_\_\_\_

Player's Team for the 2015-16 Season \_\_\_\_\_

Number of Years with New England Jr. Falcons \_\_\_\_\_

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

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

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

Primary Phone Number \_\_\_\_\_

Secondary Phone Number \_\_\_\_\_

Primary Email Address \_\_\_\_\_

Secondary Email Address \_\_\_\_\_

Please List Two Non-Related References the Committee can Speak to about the Player:

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

I hereby state that I have read and signed this application after its completion, and I swear or affirm that the statements made herein are true and correct, and that all the information provided with this application is true and correct to the best of my knowledge.

(Parent/Guardian Please Sign)

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

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