



FAIRBANKS AMATEUR HOCKEY ASSOCIATION SCHOLARSHIP
*** HELPING EVERY KID PLAY ***

SCHOLARSHIP APPLICATION – FINANCIAL NEED

This program is available to low-income families with children who want to play hockey in the house divisions (Tier III and Tier IV) of the Fairbanks Amateur Hockey Association. Scholarship funds in an amount up to 50% of the player's total registration fees may be awarded based on financial need.

The applicant should attach this form to the registration forms of the child(ren) for whom the scholarship is requested. A separate application must be completed for each player.

There are three parts to this application process. The first part requests information about the player, the second and third parts request information about the primary and secondary, if any, income earners in the household. Please complete all parts that are relevant to your household. The applicants to this program are required to provide proof of household income and the need for the scholarship. Please attach a copy of your last federal income tax return as well as documentation for all income to your household within the last three months prior to making this application, including but not limited to pay stubs, State assistance, and Alaska PFDs. All information submitted will remain confidential and viewed only by the Scholarship Review Committee.

Please return the completed application to:

Fairbanks Amateur Hockey Association
House Program Scholarship Review Committee
P.O. Box 72712
Fairbanks, AK 99707

All scholarships will be awarded by October 20th. Those individuals applying for a scholarship will be notified if they have been awarded a scholarship.

Part I - Player Information

Name of Player: _____ Division: _____

Address: _____ City: _____

Phone Numbers: _____ (home) _____ (work) _____ (cell)

Email Address: _____

Number of years playing hockey: _____

Number of Occupants in Household: _____

Number of Household Occupants Participating in Hockey: _____

Number of Household Occupants Participating in FAHA Hockey: _____

Part II – Personal Information

Primary Household Income Earner

Name: _____ Relationship to Player: _____

Address (if different than skater above): _____

Phone Number: _____ (home) _____ (work) _____ (cell)

Marital Statuses (circle one): _____ Single _____ Divorce _____ Widowed _____ Married _____ Separated

Employer: _____ Occupation: _____

Secondary Household Income Earner (if any)

Name: _____ Relationship to Player: _____

Address (if different than skater above): _____

Phone Number: _____ (home) _____ (work) _____ (cell)

Marital Statuses (circle one): _____ Single _____ Divorce _____ Widowed _____ Married _____ Separated

Employer: _____ Occupation: _____

Part III - Scholarship Statement

This section is provided for you to provide a statement, *if you choose to do so*, explaining to the Scholarship Review Committee why you believe that your player should be the recipient of a scholarship for the _____ Fall/Winter season.

Verification

I hereby state that all the information contained in this application form and the supporting documentation is true and correct. I understand that if any discrepancies are found, it may result in termination of financial aid and I will be responsible for full remittance of the aid amount received.

Dated: _____

Signed: _____

FAHA Scholarship Review Committee findings:

Approved: _____

Denied: _____

Additional Information Needed: _____

Date to submit additional information: _____

Applicant Contacted: _____