



LRYHA Scholarship Information

The Lakes Region Youth Hockey Association (LRYHA) policy is to assist in making hockey as affordable as possible. In order to do this, each season LRYHA offers a limited number of scholarships based on financial need. These scholarships will be offered and reviewed on a first come first serve basis. Scholarship applications, approval or denial is kept confidential.

1. Scholarship requests should be received by the Scholarship Director, the LRYHA Vice President, by September 1, 2010 prior to the start of the season. Exceptions will be reviewed on a case to case basis.
2. Scholarships will be awarded based on available funds and will be up to 50% of tuition.
3. Factors determining scholarship approval include, but are not limited to:
 1. Number of children per family participating in program.
 2. Family income must fall within guidelines set by the National School Lunch Program.
(<http://www.fns.usda.gov/cnd/Governance/notices/iegs/IEGs09-10.pdf>)
 3. Family situation indicating financial hardship.
4. The LRYHA Board of Directors, based on the Scholarship Director's and the Scholarship Committees' recommendation, will determine scholarship approval or denial.
5. Based upon scholarship approval, the player/parent or guardian will be responsible for the annual USA Hockey Registration fee at the beginning of the season.
6. The LRYHA may loan equipment if available. If equipment is not returned at the end of the season, the player will not be eligible for future scholarships or participation in the youth hockey program.
7. Parental and player involvement in fundraising activities is mandatory. Applicants receiving scholarship are asked to commit to an additional 20 calendar sales above the mandatory 20 calendar sales.
8. Applicants are encouraged to take part in other voluntary fundraising efforts to further reduce tuition and/or assist the program. Active scholarship members will be given priority in future scholarships.
9. Incomplete or falsified request forms will be denied.
10. Scholarship applicants must fill out a scholarship request form

Applications are mailed to:
LRYHA
Att; Scholarship Director/Confidential
PO BOX 762
Laconia, NH 03246

LRYHA SCHOLARSHIP REQUEST FORM

Please complete the following information: Date of Scholarship Request: _____

Parent or Guardian Requesting Scholarship

Name: _____	
Address: _____	
City _____	State _____ Zip _____
Home Phone _____	Work Phone _____
Cell Phone _____	Email _____

Please check one of the following: Parent Guardian If Guardian, please state relationship to player: _____

Marital Status: Married Single Divorced

Total Number of children participating in LRYHA program: _____

Net Monthly Income (attach pay stub) _____

Does your family meet the guidelines set by the National School Lunch Program? Yes NO

List the Name / Age of players you are requesting a scholarship:

Name: _____ Age _____
Name: _____ Age _____
Name: _____ Age _____

Scholarship Amount Requested: 25% 50% Other _____

Scholarship recipients and their parents/guardian are required to assist in fundraising activities. I have read the fundraising requirements and agree to the terms and conditions.

My child and I are unable to assist in fundraising activities for the following reasons: _____

Please attach an additional information you feel is needed to evaluate your application.

I declare that I have read the terms of this application and that all information provided is true and correct.

Signature: _____ Date: _____

Mail Requests to: LRYHA, Att: Scholarship Director/Confidential, PO BOX 762, Laconia, NH 03246

OFFICE USE ONLY:

Scholarship Approved Amount _____ Scholarship Denied