**HOPKINS YOUTH HOCKEY ASSOCIATION**CONFIDENTIAL SCHOLARSHIP APPLICATION

Name of Parents/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell phone number(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address(es):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list the name and level of each child for whom assistance is being requested:

Name: Level:

Name: Level:

Name: Level:

Name: Level:

Have you received financial assistance from HYHA in previous years? \_\_\_\_\_\_\_\_\_\_\_\_\_

If so, when and for how much? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Request (please check one):

\_\_\_ Payment plan to delay payment, but will ultimately pay cost of the season.

\_\_\_ Reduction in fees. If a reduction, how much assistance are you requesting? \_\_\_\_\_\_\_\_\_

Please check any programs that your family is participating in:

\_\_\_ MFIP/TANF

\_\_\_\_ WIC

\_\_\_ SNAP

\_\_\_ Free or reduced lunch

\_\_\_ Medical Assistance

\_\_\_\_ Any others (please specify)

Please list your total annual household income and the number of dependents in the home:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did your child(ren) participate in any off-season hockey program (such as AAA, MASH, camps)? \_\_\_\_\_

If so, which ones? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please explain why financial assistance is needed or outline any extenuating circumstances: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please return this confidential form to [hyhasecretary@gmail.com](mailto:hyhasecretary@gmail.com) by August 31st.

Any questions about this form can be directed to Linda Peterson @ 651-756-0665