

MISSION STATEMENT

Huron Hockey wishes to provide a program aimed at increased participation, improved skills and a responsible environment for the conduct of youth hockey

SCHOLARSHIP COMMITTEE

HHA's Executive Committee will review all applications. Information included in the application will remain confidential. If your application is approved, it covers only the monetary portion of your registration fee. You are still expected to meet the volunteer Credit requirements and fulfill your fundraising responsibilities as well as provide HHA with a check for a jersey deposit (which is returned at the end of the year when you turn in the jersey) Please complete the information to the best of your ability. If you have any questions, please contact Mike Hunter at 350.1375.

SCHOLARSHIP INFORMATION

Players Name: _____ DOB: _____
Level of Play: _____ Yrs in Hockey _____

Players Name: _____ DOB: _____
Level of Play: _____ Yrs in Hockey _____

Players Name: _____ DOB: _____
Level of Play: _____ Yrs in Hockey _____

Parent/Guardian Name _____
Address: _____
City _____ State _____ Zip _____

Daytime Phone # _____
Evening Phone # _____

Family Gross Annual Income Below \$25,000 \$25,000-\$50,000 Above \$50,000

Total Dependents including yourself and spouse: _____

SCHOLARSHIP INFORMATION CONTINUED

Scholarship Applying For:

_____ Registration Total Assistance Request \$ _____ or _____ % of fee
_____ Equipment Need: _____

Briefly explain how your family could benefit from a scholarship: _____

Signature of Parent/Guardian: _____ Dated _____

Please remit to:
Scholarship Committee
HHA
PO Box 770
Huron, SD 57350