

KENAI PENINSULA HOCKEY ASSOCIATION

SCHOLARSHIP APPLICATION FORM

**Application Deadline is at time of Registration, but no later than October 1st
(One child per application)**

Child Applicant Name:		
M/F:	Age:	Hockey Level:
Parent or Legal Guardian Name:		
Home Address:		
Home Phone:	Cell Phone:	Email:
Primary Employer:		Work Phone:

Please list all legal guardians in the household

Name:	Annual Income: \$
Name:	Annual Income: \$
Household Income:	\$

Please list all other children in your household

Name:	Age:	Plays Hockey?	Level:
Name:	Age:	Plays Hockey?	Level:
Name:	Age:	Plays Hockey?	Level:
Name:	Age:	Plays Hockey?	Level:
Name:	Age:	Plays Hockey?	Level:
Name:	Age:	Plays Hockey?	Level:

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<p>KPHA Scholarships are considered and granted based on the following criteria:</p> <ul style="list-style-type: none"> * Availability of funds * Financial need of parent(s) and child applicant * Special personal circumstances * Number of years with association * No balance from prior year's fees 	<p>Please forward your completed application and information to: Kenai Peninsula Hockey Association Confidential Attn: Rachel O'Brien, Treasurer 405 Overland Suite 104, Kenai, AK 99611 or e-mail: treasurer.kpha@gmail.com</p>
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The KPHA Scholarship program in accordance with the KPHA mission is designed to provide an affordable, high quality hockey experience to those who have a financial need. This program is not meant to be a handout but rather a financial assistance program made available to those who meet the qualifying criteria and are committed to the organization. **Recipients of the scholarship will be required to complete volunteer hours based on the level of assistance they receive in a ratio of 1hr/\$20 received.** This is in addition to the standard volunteer needs throughout the season (clock, score, box, etc.). Please contact **Rachel O'Brien, KPHA Treasurer**, to learn of opportunities that will help you meet your volunteer requirement.

I understand that I am responsible for submitting the following information in order to apply and be considered for a scholarship:

Completed Scholarship Application Form

- Copy of most recent income tax statement filed by parent(s) of child applicant
- Explanation of any special personal circumstances
- Description of parent(s) availability and commitment to volunteer

I hereby certify that the information on this form is accurate and I understand that the Kenai Peninsula Hockey Association Board may verify this information and I give authorization to KPHA Executive Board members to verify the information contained within this application. Deliberate misrepresentation may result in termination of further financial assistance. I understand that any financial assistance is granted through a confidential board process based on the outlined criteria, and there is no guarantee made of the granting nor amount of the scholarship. I understand and agree to abide by KPHA terms and conditions of accepting the scholarship. I understand that continued financial support may be terminated if these terms and conditions are not met. I also understand that KPHA's scholarships are awarded seasonally, and that I must apply each season for scholarship consideration.

Parent or Legal Guardian Name:

Parent or Legal Guardian Signature:

Date:

KPHA Executive Board Use Only:

Date Application Package Received:	Date Forwarded to Board:
Received by:	Date Reviewed by Board:
Application Package Complete or Incomplete:	Application Approved or Denied:
Missing Information:	Scholarship % or \$Amount Granted:
Notes:	Date Parent(s) Applicant Notified: