



DANNY AND SANDY CORNS
'For the Love of the Game' Scholarship
Application Form
NASHVILLE YOUTH HOCKEY LEAGUE

*To be completed by parent or guardian with written statement by player attached.

Amount of scholarship funds requested: _____

Please circle for which program you are applying: FLYERS HOUSE LEAGUE ALL-STARS

Parent(s)/Guardian(s) name(s): _____

Address: _____

Home phone: _____ Cell phone: _____

Email: _____

Player's name: _____ DOB: _____

Years playing hockey: _____ Age/Division for current season: _____

Team & age/division played last season: _____

Coach's name: _____ Years in Nashville: _____

Other leagues in which player participated: _____

Hockey camps attended: _____

School attending this year: _____

School activities player participates in: _____

Other organizations player participates in: _____

List other children/dependents - ages & sports/activities in which they participate:

Four horizontal lines for listing other children/dependents and their activities.

Have you ever requested scholarship funds in the past? If so, when?

Please explain briefly why scholarship is requested:

Gross household income for previous calendar year: _____

Estimated gross household income for current year: _____

Other income (child support, etc.): _____

Personal reference affiliated with NYHL: _____

Reference contact phone number: _____

Personal reference NOT affiliated with NYHL: _____

Reference contact phone number: _____

Is player committed to attending ALL regular practices & other functions as requested by coaches? **Y** or **N**

Participating in hockey incurs expenses beyond registration fees. If you are granted scholarship funds, can you also commit to the additional expenses required for proper equipment & travel? **Y** or **N**

If your player receives a scholarship from the NYHL, it is expected that you will volunteer your time in support of the league. Please specify the roles or activities where you feel you can contribute.

Please be aware that if a player/parent/guardian who receives scholarship funds incurs frequent unexcused absences from practices and/or games, or violates the Code of Conduct, or loses status as a member in good standing with the NYHL, they will be asked to re-pay in full all scholarship monies granted to them. The signature below shall indicate full understanding of and agreement to this statement.

Parent/Guardian Signature: _____ Date: _____

For Scholarship Committee Use Only

Scholarship Committee Approved Amount: _____