

# Dave Stahl All Star Scholarship Application

The Dave Stahl All Star Fund provides all scholarship funds. Scholarships are considered on an individual basis by the Dave Stahl Scholarship Committee.

Parent/Guardian Name: \_\_\_\_\_

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

Phone #(s): \_\_\_\_\_ Home Association: \_\_\_\_\_

Player: \_\_\_\_\_ DOB: \_\_\_\_\_ Level of Play: \_\_\_\_\_

USA Hockey #: \_\_\_\_\_ \*Please attach a copy of the email confirmation page\*

Scholarship request for:  Registration Fee/s  Camp Fee  Gear

Total cost of requested item/s: \_\_\_\_\_

Total amount of the scholarship request: \_\_\_\_\_

Are you requesting funds from any other entities or eligible for any matching opportunities? **Y/N** If yes, please explain: \_\_\_\_\_

Briefly explain your need for this scholarship and the amount you are requesting. Please use the back or additional sheet if necessary.

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

By signing this application, you attest all information is true and accurate. Not providing full and accurate information may prevent the player(s) from receiving scholarship assistance from the Dave Stahl All Star Fund.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The following is to be completed by the President of the Local Association in which the player belongs.

Is the Player in good financial standing with your local association? **Y/N**

Is the Player/Family current on volunteer & fundraising commitments? **Y/N**

Does the player exhibit the behavior of a role model or leader? **Y/N**

Local Association President: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only: \_\_\_\_\_ Approved \_\_\_\_\_ Denied \_\_\_\_\_ Committee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Awarded: \_\_\_\_\_ Date Paid: \_\_\_\_\_ SDAHA Treasurer Signature: \_\_\_\_\_ Date: \_\_\_\_\_