

## Jefferson Hockey Booster Club Scholarship Application Form

Player's Name:

Player's Address:

Parent's Name:

Player's Level/Team:

Telephone:

(Cell)

(Home)

(Work)

Amount Requested:

Explanation of why assistance is needed:

Special consideration is given to applicants who qualify for school lunch sub:

Please send application by December 1<sup>st</sup> to the current JHBC President.