

**Park Rapids Youth Hockey Association  
Scholarship Application**

Player's name: \_\_\_\_\_

Level: \_\_\_\_\_

Home phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parents / Guardian name: \_\_\_\_\_

Father: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: \_\_\_\_\_

PRAHA requires families receiving scholarships to participate in **extra** volunteer hours at 1 hour per \$20 of scholarship received. Fundraising is not included in the scholarship and families are required to fulfill **ALL** fundraising obligations. Families eligible for reduced or free school lunches are eligible for a scholarship. Please provide a brief explanation (below) of why assistance is needed along with a statement from the school of eligibility of free lunches or reduced lunches. Example: loss of job, cut hours, major medical etc.

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I fully understand the requirements and obligations with receiving a scholarship and accept all responsibilities.

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_

Additional hours required \_\_\_\_\_