



**2. Detailed description of the situation justifying this request (attach supporting documents).**

I certify that the information provided in this Application is accurate, and I give authorization to the MYHA Board of Directors to verify the information contained within this Application. Deliberate misrepresentation of material facts in this Application may be cause for disqualification. I understand that awards of financial assistance are granted through a confidential Board process based upon outlined criteria, and there is no guarantee made regarding the awarding of financial assistance or the amount of any award. I also understand that the Fund's financial assistance awards are determined annually, and that I must apply each year for financial assistance consideration.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**MYHA Use:**

Date Received: \_\_\_\_\_ Season: \_\_\_\_\_

Scholarship Amount Awarded: \_\_\_\_\_

Date Communicated to Applicant: \_\_\_\_\_