



Lower Cape Coyotes Scholarship Application

Parents' Names: _____

Player's Name: _____

Address:

Street _____ Town _____ State _____

Mailing Address:

Street _____ Town _____ State _____

Phone:

Cell: _____ Work _____ Home _____

Email Address: _____

Income Documentation:

In order for a family to be eligible for this fund, one or more parents in the household must be working, or documentation of extenuating circumstances must be provided. List below any adult(s) contributing to the household income and attach 1 paystub for *all* working parents, or previous year's tax return if self-employed.

Please list all legal guardians in the household:

Adult's Name: _____ Employer _____

Position: _____ Weekly Income: _____

Hours of work per week: _____ Work Phone: _____

Adult's Name: _____ Employer _____

Position: _____ Weekly Income: _____

Hours of work per week: _____ Work Phone: _____

How much aid are you requesting? _____

Please list all other children in the household:

Name: _____ Age: _____ Plays Hockey? Y or N

Name: _____ Age: _____ Plays Hockey? Y or N

Name: _____ Age: _____ Plays Hockey? Y or N

Name: _____ Age: _____ Plays Hockey? Y or N

Additional Family Information:

It is important in the application process to understand your family's financial situation. The purpose of this application is to help Lower Cape Coyotes families pay their tuition. Please describe any details about your family's present situation that provide a clearer indication of your families' needs. You are encouraged to write as much as you wish to include. Your application will be kept in strict confidence, and will be evaluated only by the scholarship committee.

Signed: _____ Date: _____

Scholarship Guidelines

1. Approved scholarships will be awarded in varying amounts, dependent on need and other scholarship criteria, **with a maximum amount of \$1,000 awarded.**
2. Scholarships will be awarded on an objective and nondiscriminatory basis.
3. The LCCYH Board of Directors will review all applications for scholarships and will notify applicants as quickly as possible once a decision has been made.
4. In the event a participant who has been awarded scholarship funds leaves their team and/or the LCCYH during the season, 100% of the scholarship award must be refunded to the LCCYH in order to remain in good standing with the LCCYH and USA Hockey.
5. Scholarships are applied to a participant's balance as the final payments. Participants must make all remaining payments as agreed upon payment schedule, or in their payment agreement signed in advance of the season start. Not remaining current and in good standing with the LCCYH for remaining balances, could result in revocation of awarded scholarship, at the discretion of the Board of Directors.
6. PLEASE NOTE: If you have an outstanding balance from the previous season, you are not eligible for a scholarship for the current season.
7. *If your player is awarded a scholarship, you will be required to volunteer 4 hours to one of our yearly fundraisers.*

Completed application must be submitted to the LCCYH Treasurer.

Please address all questions about this application to treasurer@lccyh.com.