

**TEXOMA YOUTH HOCKEY ASSOCIATION (TYHA)
Scholarship Application**

PERSONAL AND CONFIDENTIAL
(To be completed by Player's Parent/Guardian)

Parent(s)/Guardian(s) Name - _____

Address - _____

City - State - Zip Code - _____

Home Phone # - _____ Work Phone # - _____

Cell Phone # - _____ E-Mail Address - _____

Player's Name - _____ Date of Birth - _____

Age Division 2011-2012 Season - _____

Team/Age Division played last season - _____

Coach's Name - _____

Years playing Hockey - _____ #Years playing in WFHL - _____

Other Leagues in which Player has participated - _____

Hockey Camps Attended - _____

School Attending 2011-2012 - _____ Grade Level - _____

School Activities Player Participates In - _____

Other Organizations Player Participates In - _____

List Other Children/Dependents - Ages & Sports/Activities in which they participate

Amount of Scholarship Funds Requested - _____

Brief Explanation of Why Scholarship Funds are Being Requested -

Parent(s)/Guardian(s) Occupation - Employer - Status (Full or Part Time)

Gross Household Income 2011 - _____

Estimated Gross Household Income 2012 - _____

Other Income - (i.e. child support, etc.) _____

Personal Reference Affiliated with TYHA - _____

Reference Contact # - _____

Personal Reference NOT Affiliated with TYHA - _____

Reference Contact # - _____

Are you willing to volunteer your time to assist the TYHA? _____
(If Yes, answer next question)

In what capacity/areas? _____

Is player committed to attend ALL regular practices and team meetings as requested by the coaches? _____

Participating in the sport of hockey incurs expenses beyond registration fees. If you are granted scholarship funds, can you also commit to the addition expenses required for proper equipment, travel and fundraising? _____

Please be aware that if a player/parent/guardian who receives scholarship funds incurs frequent unexcused absences from practices and/or games or violates the Code of Conduct or loses status as a member in good standing with the TYHA, they will be asked to repay in full all scholarship monies granted to them. Signature below shall indicate full understanding of and agreement to this statement.

Parent/Guardian Signature - _____ Date - _____

Player's Signature - _____ Date - _____

-(For Scholarship Committee Use Only)

Scholarship Committee Recommendation - _____

Amount of Funds Approved for Player - _____

Signature of TYHA Board President - _____