



Adirondack Youth Hockey Association Application for Scholarship

Parent/Guardian 1: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Phone #'s: (H) _____ (W) _____ (Cell#) _____

Child 1: _____ Level: _____ Rate: _____

Child 2: _____ Level: _____ Rate: _____

Child 3: _____ Level: _____ Rate: _____

Child 4: _____ Level: _____ Rate: _____

Total Registration Fees: \$ _____

Number of Children enrolled in AYHA : _____

Amount of Financial Assistance Requested: \$ _____

Will you need a payment plan to pay balance: YES / NO

Please explain the financial circumstances surrounding your need for financial assistance. For example, single parent with minimal income and 2 children, etc. Please provide enough information for the association to reasonably make a decision. This information and the application you provide will be kept in the strictest confidence. Please use the back of the form if necessary.

I/We certify that the information provided above is true and accurate and that my/our child/children would be unable to participate in the Adirondack Youth Hockey Association house league without financial support. I/We further understand that I/We are required to work 12 volunteer hours for each child named in this application. If volunteer hours are not completed by seasons end, then I/We agree to pay the additional fees for not working volunteer hours. These hours must be worked during the current Season.

Signature Parent/Guardian 1: _____ Date: _____

Signature Parent/Guardian 2: _____ Date: _____

For AYHA Use Only

Approved By /Date	Approved By/Date	Amount of Award	Volunteer Hours Req'd