

TRI-CITIES AMATEUR HOCKEY ASSOCIATION

CHUCK MANTELLO SCHOLARSHIP APPLICATION FORM

Child Applicant Name:

M/F:	Age:	Hockey Age Group:	School Grade (during season):
------	------	-------------------	-------------------------------

School Name:	Average Grades (i.e. A,B,D):
--------------	------------------------------

Parent/Legal Guardian Name(s):

Home Address

Email:	Home Phone:	Mobile Phone:
--------	-------------	---------------

PLEASE LIST ALL PARENTS/LEGAL GUARDIANS LIVING IN THE HOUSEHOLD

Name:	Gross Annual Income:
-------	----------------------

Primary Employer:	Work Phone:
-------------------	-------------

Name:	Gross Annual Income:
-------	----------------------

Primary Employer:	Work Phone:
-------------------	-------------

PLEASE LIST ALL OTHER CHILDREN IN THE HOUSEHOLD

Name:	M/F:	Age:	Plays Hockey?	Yes	No	Age Group:

I understand that I am responsible for submitting the following information with this application to be considered for Mantello Scholarship funds.

- Explanation of any special circumstances to be considered
- Letter of interest from the player stating why they want to play hockey
- Letter from parent/guardian stating the importance of hockey in the applicant's life
- Copy of most recent parent/guardian income tax return -or- proof of government assistance
- Copy of applicant's most recent report card

I hereby certify that the information on this form is accurate and I give authorization to the TCAHA Board to verify this information. Deliberate misrepresentation may result in termination of further financial assistance. I understand that any financial assistance is granted through a confidential Board process based on the outlined criteria and there is no guarantee made of the granting nor amount of the scholarship by submitting this application. I understand and agree to abide by TCAHA terms and conditions of the contract, including but not limited to covering house registration fees only, completing volunteer hours for TCAHA, and abiding by all player and parent rules and expectations. I understand that the continued financial support may be terminated if these terms and conditions are not met. I also understand that TCAHA's Mantello Scholarship funds are awarded per program, and that I must apply each for scholarship consideration for each program.

Parent/Legal Guardian Signature

Date