

Scott Trowbridge Scholarship Application

Date: _____

Applicant's Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Date of Birth: _____

Parents Names: _____

Club playing for: _____

Grade in School: _____ Name of School: _____

of Incomes in the Household: _____ # of Dependents: _____

Parent's Combined Yearly Household Income (optional): _____

Parents Employers: _____

League Fees Requested \$: _____

What league will funds be designated to: _____

Equipment Needs Requested \$: _____

Type of equipment needed and approximate cost: _____

What store will equipment funds be designated to: _____

Other sports or activities you are involved in: _____

Please write a brief explanation of why you would like to be considered for a scholarship.
(Unemployment, Death, Specific family hardship, etc.). You may attach another sheet if needed.

Send all information to:
KC Stars Hockey
11730 W. 135th Street, #25
Overland Park, KS 66221-9395
Attn: Scholarship Committee