

Rob Sund Scholarship Fund Application Form

The Rob Sund Scholarship Fund was created in honor of Rob Sund. The program is funded through donations from various events and fundraisers of the association. Funds from the program go to offset team fees for families in need. The board of directors of the association will review all applications at a private executive session. All information and discussion will be considered confidential and will not be available for public knowledge.

If awarded scholarship funds, you will be responsible for the payment of your team fees, less the award amount, prior to the award being sent to your team. Additionally, you may be called upon to provide volunteer hours, beyond what is required by your team commitments, at various WBLAHA functions, including but not limited to tournaments, concessions and District 2 volunteer hour requirements.

Application Deadline: August 31, 2011 (*this will be strictly enforced*)

Award Date: December 10, 2011

All of the following information is required and must be completed with your application, or your application will not be considered

Applications must include a copy of the following:

- The first two pages of your 2009 and 2010 federal tax returns
- Copy of your last two pay stubs
- Fully completed application form

Please mail all completed documents to the following:

WBLAHA
Attn: Secretary
P.O. Box 10585
White Bear Lake, MN 55110

Please see reverse side for application form

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All information is required and must be completed for application to be considered

Date: _____ Scholarship Amount Being Requested: \$ _____

DOB: _____ Male _____ Female _____ Level of Play: _____

Have you received a Rob Sund Award before? _____ If yes, what year and what amount? _____

Player's Name: _____
First M.I. Last

Player's Address: _____
Street City

Home Phone: _____

Mother's Name: _____
First Last

Mother's Address: _____
Street City Zip

Mother's Phone: _____
Home Work Cell

Mother's Email: _____

Mother's Total Gross Income (before taxes) Earned in Previous Year: \$ _____

Father's Name: _____
First Last

Father's Address: _____
Street City Zip

Father's Phone: _____
Home Work Cell

Father's Email: _____

Father's Total Gross Income (before taxes) Earned in Previous Year: \$ _____

PLEASE CIRCLE ANY ASSISTANCE THE PLAYER'S FAMILY RECEIVES:

Subsidized Housing Food Stamps Medical Assistance Free School Lunches Reduced School Lunches

Please list all other sources of income:

Please describe any additional information or circumstances which make it difficult to pay hockey team fees:

By signing this document below, I acknowledge that the statements made in this application are true or believed to be true. I also understand that I may be asked to complete additional volunteer hours in exchange for receiving scholarship funds.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____