

Hyland Hills Junior Hockey Association (HHHA)

2011-2012 Scholarship Application Form

Application Deadline is July 31, 2011

(One Child Per Application)

(Scholarships may pay up to 80% of ice fees per season)

Applicant Information

Child (Applicant) Name: _____ Date of Birth: _____ School Attended: _____
Grade: _____ GPA: _____ Years in HHHA: _____ Years in Hockey: _____ 10/11 Season Team: _____
Anticipated 11/12 Team: _____ Estimated 10/11 Total Ice Fee's: \$ _____ Scholarship % Requested: _____ %
Previous Scholarship Recipient? [] Yes [] No If Yes - Year(s)? _____ Amount(s) Received: \$ _____

Parent/Guardian Information

Parent/Legal Guardian #1: _____ Address: _____ Telephone: _____
Cell: _____ Fax: _____ Primary Employer: _____ Work Phone: _____
Parent/Legal Guardian #2: _____ Address: _____ Telephone: _____
Cell: _____ Fax: _____ Primary Employer: _____ Work Phone: _____

Income Information

Please List all adults in your household and/or responsible for child applicants hockey expenses. Complete information must be provided.

Name: _____ Primary Income: \$ _____ Add'l Income: \$ _____ Total Annual Income: \$ _____
Name: _____ Primary Income: \$ _____ Add'l Income: \$ _____ Total Annual Income: \$ _____
Name: _____ Primary Income: \$ _____ Add'l Income: \$ _____ Total Annual Income: \$ _____

Siblings Information

Name: _____ DOB: _____ Grade: _____ Plays Hockey? _____ Where? _____ # Years? _____
Name: _____ DOB: _____ Grade: _____ Plays Hockey? _____ Where? _____ # Years? _____
Name: _____ DOB: _____ Grade: _____ Plays Hockey? _____ Where? _____ # Years? _____
Name: _____ DOB: _____ Grade: _____ Plays Hockey? _____ Where? _____ # Years? _____

HHHA Scholarships are considered and granted based upon the following criteria:

- ▶ Availability of funds
▶ Financial need of parent(s) and child applicant
▶ Parent(s) and child applicants in good standing with HHHA
▶ Academic record of the child applicant
▶ Special personal circumstances

Please forward your completed application and information to:

Hyland Hills Hockey Association - Scholarship Committee
Attn: Diane Wirth
10710 Westminster Blvd
Westminster, CO 80020

Hyland Hills Junior Hockey Association (HHHA)

2011 - 2012 Scholarship Application form

Application Deadline is July 31, 2011

Applicant(s) Certification

I understand that I am responsible for submitting the following information in order to apply and be considered for an HHHA Scholarship:

- ▶ Completed 2011-2012 Scholarship Application Form
- ▶ Complete copy of most recent federal income tax return filed by parent(s) of child applicant
- ▶ Copy of most recent pay stubs with year to date income summary
- ▶ Copy of most recent child applicants academic report card
- ▶ Letter written to Scholarship Committee which defines the scholarship request, explains any special personal circumstances relating to the scholarship request, and explains the reasoning for the scholarship request. Letter should also address the parent(s) availability and commitment to volunteer within HHHA, and the parent(s) availability to participate/work in the Supports Education and Sports/SEAS (Pepsi Center, Dick's Sporting Goods Park, and Comfort Dental Amphitheater) to assist in paying for hockey related expenses.

I hereby certify that everything that I have stated in this Application is correct to the best of my knowledge. I understand that the HHHA Scholarship Committee will retain this Application and all additional documents submitted as part of this Application. I authorize the HHHA Scholarship Committee to verify the information contained in the Application. I understand that should any information submitted be found to be a deliberate misrepresentation, may result in termination of further financial assistance. I understand that any financial assistance is granted through a committee process and that the program director is not responsible for decisions made by the committee. I understand and agree to abide by all HHHA terms and conditions and remain in good standing with HHHA should the scholarship be granted. I understand that continued financial support may be terminated if these terms and conditions are not met. I also understand that HHHA's scholarships are awarded seasonally, and that I must apply each season for scholarship consideration.

Parent/Legal Guardian Name #1: _____ **Parent/Legal Guardian Name #2:** _____
Parent/Legal Guardian Signature: _____ **Parent/Legal Guardian Signature:** _____
Date: _____ **Date:** _____

HHHA Scholarship Committee Use Only

Date Application Package Received: _____ HHHA Account in Good Standing: Yes No If No, Explain: _____
Application Package Complete? Yes No Disciplinary Committee Problems? Yes No If Yes, Explain: _____
 Completed Scholarship Application Form Date Application Reviewed by Committee: _____ Approved/Denied: _____
 Most Recent Income Tax Return Committee Amount/% Approved: _____
 Recent Pay stub with YTD Income Summary Approved or Denied/HHHA BOD: _____ BOD Amount/% Approved: _____
 Copy of child applicants report card Date Parent(s) Applicant Notified: _____
 Letter written to Scholarship Committee Notes/Comments: _____
Missing Information: _____