

# Sauk Rapids Youth Hockey Association Financial Information for Scholarship Assistance

Players Name \_\_\_\_\_  
Father or Guardian Name \_\_\_\_\_  
Address \_\_\_\_\_  
Mother or Guardian Name \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Level of Play for current season (circle one) MiniMite Mite Squirt PeeWee Bantam  
U10 U12 U14

Employment Father or Guardian \_\_\_\_\_  
Employment Mother or Guardian \_\_\_\_\_  
Current Annual Income Combined \$ \_\_\_\_\_  
Income from other sources (Alimony, AFDC, Renters, etc) Use additional sheets if necessary  
Type \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Type \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Number of dependent children \_\_\_\_\_ Ages of dependent children \_\_\_\_\_  
Activities other children are involved in and approximate annual costs for each (will help in determining need):

Please provide any other information that may be helpful for us to understand your need (medical conditions, financial difficulties, etc.) attach additional sheets to explain and document those situations. It is helpful for the committee to understand what you feel you can afford to pay toward the monthly dues. I am able to pay \$ \_\_\_\_\_ toward monthly dues.

I understand the information contained on this form is considered privileged and will be held in confidence. I further authorize the scholarship committee to make whatever inquiries they deem necessary to verify the information provided.

I further understand in order to qualify for financial assistance, I am required to do fund raising each year for Sauk Rapids Youth Hockey Association through their sponsored programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail form to: Sauk Rapids Youth Hockey Association  
P.O. Box 244  
Sauk Rapids, MN 56379