

Owatonna Youth Hockey Association Scholarship Application Form

Please complete all information on this application form. All documents for eligibility must be submitted with application. The Owatonna Youth Hockey Association reserves the right to verify all information obtained on this application form. There will be a \$25 late fee for registering after September 1st.



Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Name of Youth (s) requesting scholarship and player level: _____

➤ **OYHA Players Fee (Oct. 1 check)**

LEVELS	BIRTH DATES
Bantams / Girls 14U	7/1/96 - 6/30/98
Pee Wees / Girls 12U	7/1/98 - 6/30/00
Squirts / Girls 10U	7/1/00 - 6/30/02

Single Payment Option (Discount does not apply)	
Full Payment	20% Fee
\$470	\$94.00
\$365	\$73.00
\$250	\$50.00

\$ _____
20% Fee
Oct 1. Payment

➤ **Pork Commercial Fundraising Options: (Choose an option and include Nov. 1 check)**

Option Y: Pork commercial fundraiser – 10 tickets @ \$7.00 ticket \$70.00 \$ _____
Nov. 1 Payment

➤ **Pancake Fundraising Options: (Choose an option and include Dec. 1 check)**

Option A: Pancake breakfast fundraiser – 50 tickets @ \$6.50 ticket \$325.00 \$ _____
Dec. 1 Payment

Absolutely no buy-outs for scholarship recipients.

Qualification for Scholarship (check one or any that apply)

- a. ___ Recipients of Current Free and Reduced Lunch Program
- b. ___ Recipients of SSI (Supplemental Security Income) or Social Security Benefits
- c. ___ Recipients of Medical Assistance Program
- d. ___ Other, please explain _____

Show proof of verification of one of the above qualifications.

Reviewer _____ Date _____

OYHA reserves the right to verify all information contained on the application form, in order to either grant, deny, or revoke any scholarship monies.

OYHA Executive Committee will review application form, in order to maintain strict confidentiality.

If your check is returned by the bank NSF there will be a \$30 fee that you will have to pay along with all monies owed paid in the form of cashiers check within 30 days. Your child may not be allowed on ice if not paid within 30 days.

Acknowledgment of Correct Information:

I acknowledge that the information contained on this application is accurate and correct. I hereby give permission to the Owatonna Youth Hockey Association to verify this information. I understand that if any information on this application form is found to be incorrect, my privilege of applying for scholarship money is revoked. Owatonna Youth Hockey Association reserves the right to verify all information contained on this application.

Signature of Applicant

Date

Acknowledgement for Release of Information:

The information requested on the registration form will be used to verify eligibility, and determine staff, facility, and equipment needs. You/your child's name, age, grade level, address, telephone number, and health information may be provided to Board Members, Volunteers, Insurer and Auditor. Although you are not legally required to disclose this information, failure to do so will prevent you/your child from participating in this program.

Signature of Applicant

Date

***Funding for the Owatonna Youth Hockey Scholarship Fund comes in part from the donations.**

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FOR OFFICE USE ONLY (DO NOT COMPLETE)

Date and initials of staff person receiving application: _____
Initials **Date**

Scholarship for \$ _____ has been: Granted _____ Denied _____

Total Payment due at time of registration _____

Signature of Owatonna Youth Hockey Association President (or Designee)