SKATE ASSIST PROGRAM APPLICATION

The Polar Caps Youth Hockey Association does provide scholarship help to families who would not otherwise be able to skate based upon family hardship. Please note that any family that is granted a scholarship must complete any mandatory fundraising commitment as required by the club.

PLAYER'S NAME: _____

PLAYER'S LEVEL: _____

APPROXIMATE ANNUAL FAMILY INCOME: $_____

NUMBER OF CHILDREN IN FAMILY: _____

BELOW PLEASE PROVIDE THE BASIS FOR YOUR SCHOLARSHIP REQUEST. PLEASE INCLUDE ANY INFORMATION YOU BELIEVE THE SCHOLARSHIP COMMITTEE WOULD FIND RELEVANT TO MAKING ITS DECISION:

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