

# Kevin Roche Memorial Assistance Fund

Kevin Roche was a member of the Inver Grove Heights Hockey Association. He was a life-long hockey fan and enjoyed watching youth hockey. This fund was established in Kevin's memory to help kids and families with the costs of playing in the Inver Grove Heights Hockey Association. Funds for the scholarships were initially made possible through donations from Kevin's friends and family. The intent is for the fund to eventually continue through fundraising efforts by the IGHHA.

If you have any questions, please contact Wendy Roche at 651-485-3684 or [we.roche4@gmail.com](mailto:we.roche4@gmail.com)

## Guidelines:

1. Applicants must be playing for IGHHA for the 2025-2026 season.
2. Scholarships are granted on a per season basis. Applicants must reapply each season.
3. The goal of the scholarship is to help families get through periods of financial difficulty.
  - The Kevin Roche Memorial Assistance Fund can only award grants for level fees. It does not award grants for registration, volunteer, or fundraising fees.

\*For the 2025-2026 season the fund will be able to grant a maximum of 50% of each level fee.

The following chart explains the maximum amount that can be funded at each level.

<b>Level</b>	<b>Level Fees for 2025-2026 Season</b>	<b>Maximum Amount that can be granted by Kevin Roche Memorial Assistance Fund</b>
<b>Mini-Mite (first year) IGH kids only</b>	\$0.00	\$0.00
<b>Mite</b>	\$260.00	\$130.00
<b>8U Girls</b>	\$260.00	\$130.00
<b>Squirt</b>	\$870.00	\$435.00
<b>10U Girls</b>	\$870.00	\$435.00
<b>PeeWee</b>	\$1090.00	\$545.00
<b>12U Girls</b>	\$1090.00	\$545.00
<b>Bantam</b>	\$1140.00	\$570.00
<b>U15 Girls</b>	\$1140.00	\$570.00

4. Applicants should be in good standing with the IGHHA and exhibit general financial need.

5. Application Process:

a. Applicants must submit a scholarship application to Wendy Roche by mail or email.

Wendy Roche

Kevin Roche Memorial Scholarship

7123 Corliss Way

Inver Grove Heights, MN 55076

or

[we.roche4@gmail.com](mailto:we.roche4@gmail.com)

b. The applications will be reviewed to determine the number and dollar amount of scholarships based on number of applicants, eligibility, and funds available.

c. Applicant's names and all information provided will be kept strictly confidential. Only the scholarship committee will review the applications.

d. All decisions of the scholarship committee are final.

e. All applicants will be informed of the committee's decisions by email or phone. If the application is granted, instructions for registration with the scholarship will be provided.

# Kevin Roche Memorial Assistance Fund Application

List all IGHHA hockey players in the family and level of play for 2025-2026

Player's Name	Level of Play	Years Played
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mother/Guardian Name \_\_\_\_\_

Phone (H) \_\_\_\_\_

(C) \_\_\_\_\_

email \_\_\_\_\_

Address \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_

Phone (H) \_\_\_\_\_

(C) \_\_\_\_\_

email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Household Income (Gross) \_\_\_\_\_

Does your family receive public assistance? Examples: medical assistance,  
unemployment, etc. \_\_\_\_\_yes \_\_\_\_\_no

Please list assistance your family receives.

\_\_\_\_\_

Grant amount requested \_\_\_\_\_

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