

Minnetonka Youth Hockey Association Scholarship Application

Player name:	
Level:	
Player Address:	
City:	Zip:
Home phone number:	
E-mail:	
Parents / Guardian name:	
Father:	Daytime Phone:
Mother:	Daytime Phone:
activities as opposed to "buying	g scholarships to participate in volunteer out". You will need to select the olunteer Hours on your child's registration
. , ,	rship preference to any families that are ance such as school lunch subsidies.
, ,,	roved for the Free and Reduced-Price Minnesota Department of Education for the

Please provide an explanation of why assistance is needed. Provide as

much information as necessary, use additional paper if needed.