



Milton Youth Hockey Association, Inc.
P.O. Box 742
Milton, Vermont 05468

Milton Youth Hockey is proud to be able to offer a Scholarship program to our members. The aim of this program is to provide financial assistance to families within our organization who need assistance so that their child can play hockey. A priority for this program is to maintain strict confidentiality regarding requests for Scholarships.

Here's how the program works:

1. If you are interested in applying for a scholarship, please complete the form below.
2. Mail completed application to MYHA at the address listed above.
3. The Treasurer will receive and number both the top and bottom portions of the applications. The names, addresses, and phone numbers at the top of the application will be removed and kept by the Treasurer. The Treasurer will provide the Scholarship committee with only the bottom portion of the application. The Treasurer is not a member of the Scholarship committee.
4. The Scholarship committee will meet to determine who will be awarded scholarships and the dollar amount to be awarded. All applications will be reviewed thoroughly and awards will be determined after assessing the needs and situations of all applications presented.
5. Recipients will be notified by the Treasurer

The amount and number of scholarships awarded is determined by the amount of money budgeted for scholarships for the current year, the number of requests received, and the total dollar amount of the requests received. Amounts awarded may change from year to year. Scholarships are determined on an annual basis and must be applied for each year.

If you have any questions, comments, or suggestions regarding the program, please feel free to contact the MYHA president at president@myhvt.org



Name _____ Application No. _____
 Address _____
 Phone _____ Email _____

Scholarship request for year _____ Application No. _____

An expectation of families requesting scholarship aid is to participate in all fundraising activities and be an active volunteer for MYHA. Scholarship funds are **not guaranteed for every applicant**. Deadline for submission is October 1st. Print, complete, and mail to:

MYHA Scholarship Committee
 PO Box 742
 Milton, Vt 05468

Indicate your **fundraising participation** last year:

Wreath sales (\$ approx.) _____
 Tree Stand (# shifts) _____
 Calcutta tickets sold (#) _____

Describe any other ways that you have **volunteered** for MYHA in past years, and how you plan to participate in the coming season (ex. board member, coach, team director, time clock, penalty boxes, etc.)

State the **level of player** and the **dollar amount** requested for each.

Requested amounts not to exceed registration costs, and will only be applied to current season.

Player level (Blue blade, mite, etc.)	Dollar amount requested

Scholarship dollars are limited, and priority will be given to those applications with a clear need. Please **explain the financial need** below. Be as specific as you can – “extenuating circumstances” does not convey a need as clearly as job loss, medical expenses, etc. *All information conveyed in this application is considered confidential and will remain anonymous with the exception of MYHA treasurer.*
