



CSB Youth Hockey Scholarship Application

Scholarship Policies: It is CSB's policy to give scholarship preference to any families that are currently receiving public assistance and you must attest that your child will be unable to play ice hockey without receiving the requested scholarship. **If sufficient scholarship funds are available**, CSB will pay up to 100% of registration fees.

When approving scholarships, CSB do its best to consider the financial needs of the applicant throughout the duration of their youth hockey career however no guarantee is made regarding the availability of funds to provide applicants with scholarships in future years. **CSB reserves the right to reject any or all applications.**

For more info on CSB policies – visit www.csbhockey.com

Application Process:

1. Applications must be emailed to president@csbhockey.com prior to August 1st of each year
2. Applications will be reviewed by the Board of Directors and notifications will be provided to families/individuals requesting scholarship assistance no later than the second Friday of August prior to the start of the upcoming season
3. Applications that have previously been approved may be re-submitted in following years prior to the August 1st deadline if the financial need still exists. Mark the re-submission date in the appropriate area provided on Page 2 and follow Step 1 above

Date of Request: _____

Player name: _____

Level: _____ Gender _____

Player Address: _____

City: _____ Zip: _____

Parents / Guardian name:

Parent / Guardian 1: _____ Phone Number: _____

Parent / Guardian 2: _____ Phone Number: _____

Scholarship Request: Please indicate the type of scholarship that you are requesting.

100% ☐ 50% ☐ Other ☐ _____

Information submitted on this form is strictly confidential.



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Explanation of Need: Please provide as much information as necessary regarding why scholarship assistance is needed.

Questions: Please email president@csbhockey.com with any questions that you may have regarding the CSB Youth Hockey scholarship application process.

Attestation: I hereby attest that without receiving the requested scholarship, my child will be unable to play ice hockey.

Signature: _____ Name: _____

Date: _____

Resubmission Dates:

_____	_____
_____	_____
_____	_____
_____	_____

Information submitted on this form is strictly confidential.