Colorado Select Girls Hockey Association

Financial Need Scholarship Application

(If any information is the same for both applicants, applicant 2 may write in "same".)

Note: In general, Scholarships awarded are between \$500 and \$1000. Applicants are required to pay the registration deposit and any funds awarded will be applied against remaining amounts due for season fees and/or team fees. Applications are due by June 15^{th} . Scholarships are awarded by July 1^{st} . Scholarship applications submitted after the deadline may be considered depending on the availability of remaining funds.

Name of Player	DOB	Returning Player?	Prior Year's Team
Player lives with: Both Parents { }	Mother { } Father { } Other { }		
Name of Parents	No. of Dependents	Phone	Email
1			
2			
Address (full)			
How Long? Own or Rent			
Employer:		Position:	
Employer Address:		Phone:	
How long?		Gross Monthly	Salary:
Other Income?		Monthly Amo	unt
1			
2			

List Volunteer Activities (player/p	arents) for Previous Year:	
List Fundraising Activities (player,	parents) for Previous Year:	
Describe why Player needs schola	rship assistance: (please attach sep	parate sheet if necessary)
Parent Signature	Date	Print Name
1		
2		

Please mail scholarship application and supporting documentation to:

Attn: Registrar Colorado Select Girls Hockey P.O. Box 270196 Littleton, CO 80127

If application is turned in by June 15^{th} due date, and a scholarship is not awarded, the parent may submit a written request to withdraw registration to, <u>registrar@csgha.com</u>, for a full refund of the registration deposit (reduced by late fee, if any) by July 25^{th} .

^{**}For income verification purposes, please attach copies of most recent year tax return and three months paystubs for both parents (blocking out social security numbers).