



2016-2017 YOUTH HOCKEY SEASON PLAYER APPLICATION

APPLICANT/PLAYER INFORMATION

Name: _____ Birthdate: _____ Age: _____

Address: _____

City, State, Zip: _____ Phone: _____

Guardian #1

Name: _____ Relationship: _____

Email: _____ Phone: _____

Occupation: _____

Employer: _____ Employer Phone: _____

Guardian #2

Name: _____ Relationship: _____

Email: _____ Phone: _____

Occupation: _____

Employer: _____ Employer Phone: _____

APPLICANT ACADEMIC INFORMATION

Current School: _____

Grade: _____ Academic Standing/G.P.A: _____

Extracurricular Activities/Hobbies (please list): _____

APPLICANT HOCKEY INFORMATION

Number of Years Playing Competitive Hockey = House: _____ Travel: _____ Current position: _____

2016-2017 Association: _____ Team: _____

2015-2016 Association: _____ Team: _____

2014-2015 Association: _____ Team: _____

TERMS & CONDITIONS

The MaxInMotion® Review Committee reserves the right to research and approve applications in accordance with the best interests of MaxInMotion®.

Required documentation:

- | | |
|--|---|
| <input type="checkbox"/> Completed MaxinMotion® Player Application | <input type="checkbox"/> Proof of Registration or Player Contract |
| <input type="checkbox"/> Guardian #1 4506T or W2 | <input type="checkbox"/> Guardian #2 4506T or W2 |

Please note:

- Applicants may be required to provide additional information upon request.
- Not all submitted applications will be approved for funding.
- All financial information provided will be kept confidential and used only to evaluate applications. MaxInMotion® will keep all submitted documents, please make a copy for your personal files. **Please black out any social security or tax identification #'s prior to submitting.**
- No travel expenses will be approved for funding through the MaxInMotion® Financial Aid program. Scholarships are awarded directly to association for registration fees.
- Photos/jpegs of documents will not be accepted. Please send files as recognized document formats (PDF/Word). Applications sent as JPEGS will not be reviewed for consideration.
- Due to the overwhelming amount of applications received, status check e-mails will not be addressed. All applicants will be notified after the review period has been completed.

By submitting this application, I affirm that the information and facts set forth in it are true and complete. I understand that if my application is accepted, MaxInMotion® may use any content and my child's likeness for use on its website, publications and or advertisements.

SIGNATURES:

Guardian #1 Print Name	Signature	Date
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Guardian #2 Print Name	Signature	Date
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In order for an application to be considered, ALL of the required documents listed above must be completed and submitted no later than July 15, 2016.

Photos/jpegs of documents will not be accepted. Please send files as recognized document formats (PDF/Word) only.

By email: hockeygrants@maxinmotion.org

By fax: (480) 584-4874

FOR INTERNAL USE ONLY:

Date received: ____ / ____ /2016 Date reviewed: ____ / ____ /2016 Status: _____