



WATERLOO YOUTH HOCKEY ASSOCIATION
 PO BOX 2041 • WATERLOO, IOWA 50701 • WWW.WYHA.ORG

PLAYER SCHOLARSHIP APPLICATION

The Waterloo Youth Hockey Association is committed to providing the opportunity for young athletes to participate in youth hockey at all levels. Our endowment scholarship program has been designed to provide annual funds to be awarded to help ease the financial obligations of playing. Scholarships may be awarded to an applicant who fills out the following form and provides the required information. All applications and information collected will be kept strictly confidential and will only be used for the determination of recipients.

Please print clearly the following information. If the form is incomplete, inaccurate, illegible, or not signed, it will not be considered. Please email completed forms to info@wyha.org or turn in completed applications to your age level Board representative on or before the deadline. The awarded Scholarship amounts will vary from year to year. No guarantee of financial assistance is implied by the completion of this application. Awarded scholarships may vary depending on availability of funds and individual circumstances.

Requirements:

1. Athletes must be a member of the Waterloo Youth Hockey Association Program.
2. Athletes must have no balance from prior WYHA dues or other events.
3. Athletes must be in good standing with the WYHA, MWAHA and USA Hockey.
4. Athletes must be committed to participate for the complete season of which they are applying for.
5. Parent(s) / Guardian(s) must be committed to volunteer for events, committees, or other capacity.
6. Application must be completed, legible, accurate and turned in by the deadline.

Part 1 – Player Information				
Name of Player	Address	City	State	Zip
Date of Birth	Level Playing for: <input type="checkbox"/> Warriors <input type="checkbox"/> Jr Hawks <input type="checkbox"/> Little Hawks			

Part 2 – Family Information				
Parent / Guardian 1	Address	City	State	Zip
Home Phone Number	Cell Phone Number	Email Address		
Parent / Guardian 2	Address	City	State	Zip
Home Phone Number	Cell Phone Number	Email Address		
Size of Family	Number of Siblings playing in WYHA	Have you ever received a WYHA Scholarship in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you receive any other assistance? Please list:	
Annual Household income: <input type="checkbox"/> \$20,000 or less <input type="checkbox"/> \$20,000 to \$40,000 <input type="checkbox"/> \$40,000 to \$60,000 <input type="checkbox"/> \$60,000 to \$80,000 <input type="checkbox"/> \$80,000 to \$100,000 <input type="checkbox"/> \$100,000 or more				

Part 3 – Parent/Guardian Request Statement
On a separate page, please explain why you think the WYHA Board of Directors should select you to be a Scholarship recipient. Please include any special personal circumstances.

I hereby certify that everything I have stated in this application is correct and to the best of my knowledge. I understand that the WYHA will retain this application and all additional documents submitted as part of this application. I understand that should any information submitted be found to be a deliberate misrepresentation, it may disqualify me for the Scholarship.

Parent / Guardian 1 Signature

Date

Parent / Guardian 2 Signature

Date