



Flathead Valley Flames Hockey Association Scholarship Application

- Scholarship applications for new players will be accepted at the time the new player registers to play.
- Due Date of Application for returning players is October 10, 2019.
- All information from applications will be kept confidential and a committee will choose recipients based on need as presented on the application form and first two pages of current tax returns.
- 1 hour of volunteer work for every \$10 of scholarship is required (i.e. \$200 of scholarship funding = 20 hours of volunteer work).
- Scholarships do not cover the USA Hockey on-line registration fee, any on-road/out-of-town related travel fees, team game fees or fundraising obligations.
- Numerous families are in need of scholarships therefore team commitments must be taken seriously. By signing this application player/parents are agreeing to commit to all practices and games.
- Documenting volunteer hours in Dibs must be completed each session. 1st Session's volunteer hour Dibs total should be submitted by December 20th. 2nd Session's volunteer hour Dibs total should be submitted by March 30th. If there are additional volunteer hours completed outside of the Dibs tracking they may be submitted via email.

Email forms to: scholarship@flatheadflames.org

OR

Mail Forms to:

FVHA Scholarship Fund PO Box 2205

Kalispell MT 59903

On the back of this form or on a separate sheet of paper please write an explanation as to why you and your family would like to be considered for a scholarship. Please be sure to list any extenuating circumstances that should be considered.



Some of the volunteer jobs that are available: Concessions, rink set-up and tear-down, zamboni, score keeping, rink rentals, open skate front desk, weekly rink maintenance, school outreach. What volunteer jobs are you willing to perform?

Parent/Guardian Name(s):

Address:

Phone Numbers:

Email Addresses:

Family Annual Income:

FVHA Player Information: Player Name(s):

Player Level(s):

Scholarship Amount Requested: Number of Family Members in FVHA:

Signature of Parent/Guardian: _____

Date: _____

Please send completed applications to: FVHA Scholarship Fund
PO Box 2205
Kalispell MT 59903