



# Ely Blue Line Youth Hockey

## Scholarship Application

Player name: \_\_\_\_\_ DATE \_\_\_\_\_

Level: \_\_\_\_\_

Player Address: \_\_\_\_\_

City: \_\_\_\_\_ STATE \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone number: \_\_\_\_\_ E-mail: \_\_\_\_\_ @ \_\_\_\_\_

Parents / Guardian name:

Father: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Mother: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Scholarship Guidelines:

- Players must complete mandatory fundraising and volunteer requirements as well as pay jersey & equipment fee.
- Player must be in good standing with the association (no outstanding fees or volunteer hours)
- Preference will be given to those families who qualify for government and public assistance such as school lunch assistance and WIC, as well as those families experiencing hardship.

### Scholarship for EBL registration fees will be granted based on the following criteria:

- Availability of EBL funds
- Financial need of the parent/child applicant
- Special personal circumstances of parent/child applicant
- No balance from prior year's fees

**Please complete/answer and submit the following to:** ELY BLUE LINE  
ATTN REGISTRAR  
PO BOX 516

- EBL Scholarship application (this form)
- Explanation of any special circumstance/hardship. Provide as much information as necessary (attach additional paper if needed)
- Have you applied and been approved for the Free and Reduced Price School Meals program from the Minnesota Department of Education for the current school year YES \_\_\_\_\_ NO \_\_\_\_\_
- Have you applied for and been approved for WIC? YES \_\_\_\_\_ NO \_\_\_\_\_
- Number of family members in household \_\_\_\_\_ Children living at home \_\_\_\_\_

**PLEASE NOTE: The Ely Blue Line strongly suggests that all families receiving scholarships participate in more than the required amount of volunteer hours as opposed to "buying out."**

All information will be kept confidential .