



Scholarship Request Application
CONFIDENTIAL
 Appleton Area Hockey Association (AAHA)

Approved by: AAHA Board of Directors on 2/20/18

Athlete Name _____ Date of Birth _____

Season _____ Scholarship amount requested _____

Level during season (circle one)

Mite U10 U12 U14 Squirt PeeWee Bantam

Parent/Guardian Name(s)

1. _____ 2. _____

Parent/Guardian Phone Number

1. _____ 2. _____

Parent/Guardian Address

1. _____ 2. _____

Parent/Guardian Email Address

1. _____ 2. _____

Please include a detailed explanation for your scholarship request with this form. Documentation can include, but is not limited to, proof of government assistance or proof of immediate financial hardship. You may include the written recommendation of any resource you feel appropriate.

By signing this form, you are verifying the items listed below:

- That all information provided on this form and in all additional documentation related to this request is true and accurate.
- That you understand your application will be rejected if any of the information provided is found to be false.
- That you are requesting to have your confidential application reviewed by AAHA’s Board of Directors.
- That you understand you will be required to participate in our SCRIP program during the season for which you request assistance if your application is approved.
- That if your application is approved, you will be required to complete an *additional* 10 hours of volunteer credits (20 total if the highest level skater is a Mite and 30 total if the highest level skater is Squirt/PeeWee/Bantam/10U/12U/14U) during the season for which you request assistance.

Signature _____

Date _____

Printed Name _____