

HERSHEY JR. BEARS, INC.

J. BRUCE MCKINNEY SCHOLARSHIP FUND APPLICATION

**THIS APPLICATION FORM MUST BE RECEIVED BY THE HERSHEY JR. BEARS NO
LATER THAN AUGUST 31**

The purpose of this application form is to gain information to review your request for an award from the J. Bruce McKinney Scholarship Fund. Your application will be reviewed by a committee which will make awards based upon your family's financial information. The committee does not discriminate on the basis of race, religion, age, gender or national origin. Your application and related information will remain confidential.

I hereby apply for a scholarship award from the J. Bruce McKinney Scholarship Fund for the 20__ - 20__ Hockey Season.

I. INFORMATION REGARDING THE PLAYER'S PARENT OR GUARDIAN WHO IS COMPLETING THIS APPLICATION FORM:

a) Full Name: _____
(Last) (First)

b) Legal Address: _____
(Street Address)

(City) (State) (Zip)

c) Telephone Number: _____

d) Marital Status: ___Single ___Separated ___Married ___Divorced ___Widowed

II. PLAYER(S) FOR WHOM FINANCIAL ASSISTANCE IS REQUESTED FOR THE 20__ - 20__ HOCKEY SEASON:

<u>Player's Name</u>	<u>Date of Birth</u>	<u>Amount of Financial Assistance Required</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

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III. MEMBERS OF THE PLAYER'S HOUSEHOLD INCLUDING THE PLAYER(S) LISTED IN PART II:

<u>Name</u>	<u>Relationship to Player(s)</u>	<u>Age</u>
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

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IV. FAMILY FINANCIAL INFORMATION:

Please submit a copy of the parent(s) most recent Federal Income Tax Return with your completed application. Below, please list your family's expected sources of taxable and non-taxable income for the current year:

	<u>Estimated Total Amount for the Current Year</u>
Salaries, wages, tips, unemployment or workers' compensation, disability insurance, etc.	_____
Interest, dividends, capital gains and other investment income _	_____
Net income from self-employment, partnerships, S corporations, etc.	_____
Pensions, IRA distributions, annuities, trusts, etc.	_____
Net rental income	_____
Social security, public assistance or other government programs	_____
Other income (list type and amount):	
_____	_____
_____	_____
_____	_____
_____	_____
Total estimated family income for the current year	=====

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V. ADDITIONAL INFORMATION:

Please provide any additional information regarding your family's financial situation such as extraordinary medical expenses, educational costs, etc. that will assist the committee in reviewing your family's financial situation.

VI. NOTIFICATION:

The committee will review your application and will notify you after August 31.

VII. CERTIFICATION:

I hereby certify that the information reported on this application and any related information that is submitted is, to the best of my knowledge and belief, complete and accurate. I also certify that our family will participate in all Hershey Jr. Bears Fund Raising Activities.

Date

Signature of Parent or Guardian

Please return this application and related information to:

John Devaney
4407 Woodcrest Drive
Elizabethtown, PA 17022

If you have any questions, please call John Devaney at 717-358-9192 or 1-800-448-1384