

**James F. Heath, Jr. Scholarship Application**

**James (“Jim”) F. Heath**

Jim Heath and his family grew up playing hockey. The Heath Family played pond hockey at Jenkins Park for many years with neighbors, Boy Scouts, school friends, work friends, and new friends wanting to join in on the fun. All levels of skill were present - from players who played Division One hockey to youngsters just learning to skate. No one was excluded from the Health Family game. In 1984, Jim’s youngest son joined Schenectady Youth Hockey Association (SYHA) and played at many levels through the organization. From that time on, it was obvious that Jim was hooked on the “hockey lifestyle”. He enjoyed getting to know new friends, travelling with his son’s teams, and rooting for the Chargers. But that wasn’t quite enough hockey for Jim. He started an adult hockey league at Center Ice, and to this day, it is still running. There was no doubt about it, Jim loved hockey. He loved the game, the comradery, the teamwork, the life lessons, and he wanted to share that with everyone. Jim passed away on February 9th, 2017. In his memory, the Heath Family started the James F. Heath, Jr. Scholarship in 2017.

**Scholarship Mission**

The James F. Heath, Jr. Scholarship will provide financial assistance to individuals underrepresented in the sport of ice hockey and who have a financial need.

**Eligibility**

Individuals must play hockey in SYHA for the upcoming season.

**Amount**

Scholarship recipients will be awarded full or partial credit of SYHA registration fees for the upcoming season.

**Application Deadline**

There is no specific deadline for scholarship applications.

**Application Submittal**

Applications must be submitted via email to SYHAChargers@gmail.com.

**Scholarship Evaluation & Interview**

The Scholarship Committee may contact the player/guardian for additional information or to schedule an in-person interview.

**Scholarship Notification**

Applicants will be notified of decisions via mail, email, or phone.

**Questions**

Email SYHAChargers@gmail.com for additional information on the James F. Heath, Jr. Scholarship.

| **James F. Health, Jr. Scholarship Application** |
| --- |
| **APPLICANT INFORMATION** |
| Player Name:  |
| Date of birth:  | Gender:  |
| Phone:  | Email:  |
| Home address:  |
| City:  | State:  | ZIP Code:  |
| Player lives with: ( ) Both Parents ( ) Mother ( ) Father ( ) Other |
| **PARENT/GUARDIAN INFORMATION** |
| **Father/Guardian Name**:  |
| Home address:  |
| City:  | State:  | ZIP Code:  |
| Home Phone:  | Cell Phone:  | Email:  |
| Current employer:  |
| Employer address:  | How long?  |
| City:  | State:  | ZIP Code:  |
| Position:  | Hourly Salary (Please circle) |
| **Mother/Guardian Name**:  |
| Home address:  |
| City:  | State:  | ZIP Code:  |
| Home Phone:  | Cell Phone:  | Email:  |
| Current employer:  |
| Employer address:  | How long?  |
| City:  | State:  | ZIP Code:  |
| Position:  | Hourly Salary (Please circle) |
| **SIBLING(S) INFORMATION** |
| Name:  | Age:  | Plays Hockey?  |
| Name:  | Age:  | Plays Hockey?  |
| Name:  | Age:  | Plays Hockey?  |
| Name:  | Age:  | Plays Hockey?  |
| Name:  | Age:  | Plays Hockey?  |
| **SCHOOL INFORMATION** |
| **Name of School**:  |
| **School Address**:  |
| **School Contact (Principal or teacher)**:  |
| **Email**:  | **Phone**:  |
| **Average Grade**: ( ) A ( ) B ( ) C |

|  |
| --- |
| **YOUTH HOCKEY HISTORY** |
| **Team/Level for upcoming season**:  |
| **Team/Level from last season (if applicable)**:  |
| **Name and contact information for prior year coach (if applicable):**  |
| Please describe the player’s prior involvement with SYHA programs/teams and any other youth hockey programs/teams: (use separate sheet if needed):  |
| **PERSONAL STATEMENT** |
| Please describe why you are applying for a scholarship and how the scholarship would help the applicant: (use a separate sheet if needed):  |
| **SUPPORTING INFORMATION** |
| Please provide any supporting information or documents that may be useful to the scholarship committee in assessing the financial need of the applicant. All information provided as part of the application will be held as confidential by the Scholarship Committee. Please provide copies only. |
| **SIGNATURES** |
| I authorize the verification of the information provided on and with this application. |
| Signature of applicant:  | Date:  |
| Signature of Father/Guardian:  | Date:  |
| Signature of Mother/Guardian:  | Date:  |

**Submit the completed application and supporting documents to:**

**SYHAChargers@gmail.com**