



MAINE COAST STORM SCHOLARSHIP APPLICATION

Player Name: _____

Date of Birth: _____

Mailing Address: _____

Parent/Guardian Phone: _____ **Email:** _____

To fairly assess need, we ask for income details from both parents/guardians who contribute to household finances, even if they do not live in the same home.

Number of people living full-time in the player's primary household: _____

Adjusted Gross Income (AGI) of Primary Household (from 2024 tax return): \$ _____

Adjusted Gross Income (AGI) of Second Supporting Parent/Household (if applicable): \$ _____

Please attach a copy of page 1 of each parent/guardian's 2024 IRS Form 1040. You don't need to include Social Security Numbers. Feel free to cross them out or cover them.

If tax forms are not available, contact us at treasurer@mainecoaststorm.org to discuss alternatives.

Requested Scholarship Amount: \$ _____

We would also like help finding gear for our player (loaner or low-cost options)

PLAYER STATEMENT (Required)

Please attach a short letter from the player describing why they want to participate in Storm hockey this season.

SUPPORTING INFORMATION - Other comments to support your request:

SCHOLARSHIP FAMILY COMMITMENT

All Storm families are asked to contribute at least 6 hours of volunteer time each season to keep our program running smoothly.

In recognition of the financial support scholarship recipients receive, made possible by the efforts of other families and donors, we ask that scholarship families contribute a little more:

A total of 8–10 hours of volunteer time per season.

This can include any combination of:

- Game support (clock, scorebook, door)
- Fundraising event help
- Hedstrom Tournament planning and support
- Coaching

Volunteer opportunities will be included in a new monthly newsletter and will be recorded by our Volunteer Coordinator. Please reach out to volunteers@mainecoaststorm.org for more info or to schedule hours. If these hours present a hardship for your family, please contact us—we're happy to work with you to find a solution.

I understand and agree to contribute 8–10 hours of volunteer time this season, unless otherwise arranged.

Player Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

Submit by: October 1. Later submissions will be considered for extenuating circumstances.

Email: treasurer@mainecoaststorm.org | Mail: ATTN: Treasurer, Maine Coast Storm, P.O. Box 1166, Rockport, ME 04856

Or drop off at the rink in the STORM drop box.