



Findlay Amateur Hockey Association
2447 Tiffin Ave. Suite 213
Findlay, OH 45840

**2025-2026 FINDLAY AMATEUR HOCKEY ASSOCIATION
SCHOLARSHIP FUND APPLICATION**

The Findlay Amateur Hockey Association Scholarship Fund was established in 2004 to assist those players requiring financial assistance while learning how to skate and play the game of hockey. The Findlay Amateur Hockey Association Board has established a Scholarship Committee to help determine what monies can be made available to those skaters who need assistance in paying their ice fees.

To apply for this scholarship, complete the following information below, and mail this application to the address listed below. *Proof of financial need may be solicited after application is received.* You will be notified as to Scholarship monies awarded.

FAHA Scholarship Application

Part 1

Player Name: _____

Age: _____

Division: IP / Blue & Gold / Mite (8U)/ Squirt (10U)/ Peewee (12U) / Bantam (14U) / (please Circle)

Years in FAHA: _____

Level: House **or** Travel (please circle)

Mother's/Guardian's Name: _____

Occupation: _____ Employer: _____

Father's/Guardian's Name: _____ Employer: _____

Primary Address: _____

City/State/Zip: _____

Primary Email Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone #1: _____

Cell Phone #2: _____

Dependent Children (*children living in the home who are under the age of 18*): _____

Part 2

Please include a short essay from the player and/or drawing that illustrates the player's love and dedication to the game of hockey. This does not have to be a project specifically created for this application; for example, you can use a school project. *You may include/attach a separate sheet if needed.*

Part 3

Parents or guardians-please include a brief description of any employment changes, medical and/or other bills, etc. that might impact your child's ability to play hockey. *You may attach a separate sheet if needed.*

To be eligible for a FAHA scholarship, families receiving scholarship funds must agree to participate in volunteer activities to assist the organization. Please indicate the area where you can assist FAHA.

Yes- I can help with Fundraising activities _____

Yes- I can help with on ice off ice activities (tournaments, ignite the ice, equipment distribution) _____

Other-please specify _____

No-I cannot help _____

I hereby apply for scholarship to go towards fees for the player listed above for the 2023-2024 hockey season. I understand that scholarships are awarded only when funds are available. Pending approval of this amount, I will complete the FAHA Registration process paperwork. I understand that registration and try-out fees, as applicable, are excluded from this scholarship and must be paid prior to consideration of this application.

I understand that this scholarship is available only for the current season. Should my child decide to stop playing during the season for any reason, all scholarship funds will be returned to the FAHA scholarship account. I further understand that should the Scholarship Committee become aware of any falsified information on this application that any awarded scholarship monies will be forfeited and returned to the FAHA scholarship account.

I understand that applying for financial aid does not automatically grant me a scholarship. I certify that the above information is correct and true to the best of my knowledge.

Signature _____ **Date** _____

Please deliver or mail this application to: fahacoachnate@gmail.com & peterkos1@yahoo.com

Findlay Amateur Hockey Association Scholarship Committee

C/O FAHA President

2447 Tiffin Ave. Suite 213

Findlay, OH 45840

Deadline for Application: September 15, 2025

COMMITTEE USE ONLY

Date Submitted:

Date Reviewed by Coordinator:

Date Reviewed by Scholarship Selection Committee:

Accepted Rejected Total Amount Awarded: \$

Accepted or Rejected upon the following conditions: