

Wayzata Youth Hockey Association
2023 - 2024 Season
APPLICATION FOR WYHA SCHOLARSHIP

The Wayzata Youth Hockey Association is sensitive to those District #284 families whose finances make it difficult to participate in the ice hockey program. The WYHA Scholarship Fund was established to help those families with financial need. Because the Scholarship Fund has finite resources, scholarship assistance must be limited to those families most in need. As a relevant proof of financial need, the WYHA uses acceptance into the School Reduced or Free Student Lunch Program as a primary criterion for awarding scholarship grants in addition to all income received by the player/s family.

For families not accepted into the School Lunch Program, but experiencing Special Financial Circumstances, appeals for Scholarship assistance will be decided by the WYHA Executive Board, in closed session, at the applicant's request. Scholarship grants awarded may be full or partial, depending on circumstances, and additional documentation may be requested. Please note any additional comments on a separate page.

Please complete the following information along with proof of acceptance into the School Lunch Program and email it to: registrar@wayzatahockey.org

DATE: _____
PHONE: _____
EMAIL: _____
SKATER(S) NAME(S): _____
SKATER LEVEL: _____
SKATER(S) NAME(S): _____
SKATER LEVEL: _____
ADDRESS: _____

PARENT(S)/GUARDIAN

EMPLOYER (MOM): _____
PHONE: _____
EMPLOYER (DAD): _____
PHONE: _____

MONTHLY GROSS FAMILY INCOME: _____ MONTHLY CHILD SUPPORT
RECEIVED: _____ MONTHLY CHILD SUPPORT PAID: _____
STATE/FED GOVT FINANCIAL SUPPORT: _____ BONUS/COMMISSION
INCOME: _____ HOUSING: OWN _____ RENT _____ SUBSIDIZED

ARE THERE EXTENUATING CIRCUMSTANCES THAT SHOULD BE CONSIDERED?

ARE YOU ON THE SCHOOL LUNCH PROGRAM? YES NO

If yes, you MUST submit a copy of your acceptance letter into the lunch program with this application

The above information is correct to the best of my/our knowledge. Should any of the information be proven incorrect, I/we agree to reimburse WYHA for all financial assistance already received for the current season.

PRINT NAME(S) _____

SIGNATURE(S) _____

Applying for Financial Scholarship assistance does not relieve the player/s family of any volunteer requirements.

For WYHA Use Only

Player level _____ Approved? _____ Amount _____ Date _____
Signature _____