

Scholarship Assistance Application

Upper Valley Hockey Association

PO Box 1364

Lebanon, NH 03766



Purpose

The mission of the Upper Valley Hockey Association is to introduce the youth of our area to and promote the game of hockey so that every child can enjoy a positive experience through encouragement, skill development and character building, while creating a passion for the game. So that our youth hockey programming is more accessible, the UVHA provides scholarships to players displaying financial need, to the extent that funds are available.

Applicant Criteria

The household wishing to apply for a scholarship must currently receive Medicaid, SSI, TANF, WIC, 3SquaresVT, SNAP, Food Stamps, National School Lunch Program or other public assistance. There may be instances where an applicant is eligible for financial aid due to situations not adequately addressed by this criteria. In such cases, a letter of request and description of extenuating circumstances should be submitted, along with the documents required for income verification.

Approval Process

Only complete applications will be reviewed by the UVHA Executive Board. Every effort will be made to protect the privacy of applicants. The funds available for aid are limited. Applicants are expected to make a minimum contribution. Awards will not exceed 50% of the program fee. In consideration of the funds available, the percentage of fee forgiveness may be greater than, equal to, or less than the percentage requested in the application. The Executive Board may contact the applicant for clarification or to require further supporting documentation. Applicants will be notified of the Executive Board's decision by mail or email.

Recipient Responsibilities

1. Recipient players are expected to consistently participate in practices and compete in games.
2. Recipient parents or guardians are expected to volunteer their assistance to the Fundraising Committee, participating in UVHA fundraising activities.
3. Details pertaining to the level of aid awarded are sensitive. Recipients are expected to treat it as such, keeping this information private.

Application

The information requested is required and necessary to determine the degree of need for each applicant. If you are applying for scholarships for multiple players, you must submit separate applications for each child. Below is the scale used for determining the scholarship percentage an applicant may receive, taking into consideration the number of dependents in the household.

Number of Children in the Household

Gross Combined Household Income	1	2	3	4	5	6
\$18,000 - \$25,999	50%	50%	50%	50%	50%	50%
\$26,000 - \$33,999	30%	30%	35%	35%	40%	50%
\$34,000 - \$41,999	20%	20%	25%	25%	35%	45%

Section I - Player Information

Player 1 Name: _____ Date of Birth: _____
Player 1 Team: _____ Team's Registration Fee: _____
Player 2 Name: _____ Date of Birth: _____
Player 2 Team: _____ Team's Registration Fee: _____
Player 3 Name: _____ Date of Birth: _____
Player 3 Team: _____ Team's Registration Fee: _____
Player 4 Name: _____ Date of Birth: _____
Player 4 Team: _____ Team's Registration Fee: _____

Section II - Parent/Guardian Information

Parent/Guardian Name(s): _____
Mailing Address: _____
Home Phone: _____ Cell Phone: _____ Email: _____
Parent 1 Employer: _____
Parent 2 Employer: _____

Section III - Household Information

of Adults Living in the Household: _____ # of Children Living in the Household: _____
Household Season Registration Total: \$ _____ We are able to pay: \$ _____

Public Assistance (*please check all that apply*):

- ☐ Federal Public Housing Assistance/Section 8
- ☐ SNAP Food Stamps
- ☐ Medicaid
- ☐ National School Lunch Program (free or reduced lunch)
- ☐ Other: _____

Gross Annual **Combined** Household Income (*please circle one*):

\$18,000-\$25,999 \$26,000-\$33,999 \$34,000-\$41,999 \$42,000-\$65,000 Over \$65,000

- ☐ I have included documents **required** to verify public assistance.
- ☐ I have included documents **required** to verify household income (W2s, two recent pay stubs, unemployment or disability statement/statement of benefits, or federal tax returns).

By signing this document, I confirm that I have read and understand all of the information on page one of this application. I also confirm that all of the information I've provided on page two of this application is true and accurate.

Signature of Parent/Guardian _____ Date _____

Please mail completed application(s), along with proof of public assistance and income verifying documents, to the attention of the UVHA Scholarship Committee.

Applications must be received by June 18th.