

2019-2020 Season Award
TYLER FREDERES MEMORIAL FUND
Midwest Hockey Financial Awards Program

The Tyler Frederes Memorial Fund (TFMF) was established in 2014 to honor Tyler who was tragically killed in a single car accident in 2013. Tyler played ice hockey for 16 years in Kansas City and was passionate about the game. He lived a full life in his short 22 years and to salute his love of the game the Frederes Family established TFMF to assist players 6–18 years old in Iowa, Kansas & Nebraska.

Assistance from the TFMF is based on both financial need and player character.

To have an application considered by the TFMF Board:

- **Player and Guardian complete the Player Application Form**
- **Coach or Association Representative provide a letter of reference**
- **Turn form and reference letter into your Local Hockey Association President as all applications must be approved and submitted to the MWAHA by the Local Association President.**
- **Association President email completed applications to Midwest Amateur Hockey Association Les Teplicky at tepickylesd@mchsi.com**
- **The subject line should read: MWAHA / TFMF Award**

CHANGE FROM PREVIOUS YEARS:

The deadline for Recreational and Travel players is the same date; Associations send by 1 October 2019 or earlier if possible

- Applications will be kept confidential.
- Only one application per family.
- Incomplete forms will not be considered.
- Association Presidents will be notified regarding successful applicants.
- Checks will be sent ASAP with all checks sent by 1 November
- Associations that have participated in the TFMF Golf Event are allowed to submit up to 5 successful applications.
- All Associations can submit 2 applications but consider that not all applications will receive an award

Questions should be directed to Les Teplicky at tepickylesd@mchsi.com or call 563-320-4933

2019 - 2020
Player – Parent / Guardian
TFMF – MWAHA Awards Program Application Form

Name of Association: _____

Name of Player: _____

2019-20 Season: Travel Hockey _____ House/Recreational Hockey _____

Address: _____

Street: _____

City: _____ Zip Code: _____

Parent/Guardian: _____

Contact Phone Numbers:

Home: _____ Cell: _____

E-mail address: _____

Number of years played hockey: _____

Number of occupants in household: _____

Number of household occupants participating in MWAHA: _____

Number of household occupants participating in hockey: _____

Academics:

School/Grade: _____

GPA (if applicable): _____

School Extracurricular Activities: _____

Other Activities (including community volunteer service): _____

Character:

Players, please attach a 1-page essay on why you qualify and deserve assistance from the TFMF.

Coaches will also need to provide a referral letter.

Part 2: Financial Need

The TFMF Assistance Program is based, in part, on need. In the space below, please explain any circumstances the TFMF Assistance Program Committee should consider regarding your application.

I hereby state all the supplied information is true and correct. The assistance is for one season and is not renewable.

Signature: _____

Parent/Guardian

Date: _____

Signature: _____

Player

Date: _____

- **Request an Association Representative or Coach provide a letter of reference**
- **Turn this form and reference letter into your Local Hockey Association President as all applications must be approved and submitted to the MWAHA by the Local Association President.**

The Association President will submit forms and letter of reference to MWAHA

Deadline for submission to MWAHA is 1 October 2019

Note to Association Presidents - please ensure the application is readable and send as one file