



HL YH Scholarship Policy and Application

Scholarship committee shall be made up of the HL YH Executive Board & Directors, and the HLYH head coach (or member of the coach's committee) shall be responsible for reviewing every scholarship application and allocating funds.

Scholarship Application:

- Scholarship application deadline is September 30, 20___. Scholarships will be awarded by October 16, 20___.
- Complete scholarship application, a copy of the previous year's Federal tax return, and a financial statement must be submitted by the above deadline.
- ***Confidentiality of submitted information is guaranteed.***

Eligibility requirements for scholarship applicants:

- This program is open to all eligible HL YH players.
- Applicants must demonstrate financial need as well as a desire to participate.
- If granted a scholarship, the applicant must work off 100% of the volunteer hours deposit for the scholarship year.
- Applicants must be willing to conduct themselves in an exemplary manner consistent with the ideals, rules, and standards of HL YH.

HLYH Scholarship Application

ALL INFORMATION IS CONFIDENTIAL

Scholarship application deadline is September 30, 20__

Applicant's Name: _____ Date of Birth: _____ Age: _____

Level (i.e. Mite, Squirt): _____ Years in HLYH: _____

Parent/Guardian Name: _____

Physical/Mailing Address: _____

Mother's Employer: _____ Father's Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Scholarship funds must be raised each year to cover all program fees. HL YH must have the applicant's full support in fundraising and as a volunteer, to ensure scholarship funds will be available to applicants.

Please answer the following questions:

Did you work off your volunteer hours deposit last year? Yes ____ No ____

If not, please explain:

Did you receive a scholarship from HL YH for the previous season? Yes ____ No ____

If yes, indicate amount: _____ If no, did you apply but were denied? _____

If a single parent, will both parents share the cost of the applicant's expenses? ____

Are you receiving child support from any source for the applicant? ____

Are you receiving monetary support for the player's activities? ____

Does the applicant receive assistance through school lunch programs? _____

If so, what percentage? _____

If the application is denied, will this absolutely prohibit the applicant from playing hockey during the upcoming season? _____

Is the applicant involved in any other sports or activities? Please list, including school sanctioned as well as community programs:

Why do you feel the applicant should be awarded a scholarship by HL YH?

Please explain other conditions that affect your financial position that you feel HL YH should be aware of.

I hereby certify that the above information is true and correct, and I understand that failing to submit information or submitting false information may disqualify the applicant.

Parent/Guardian Signature

Date

Please submit this form and the financial statement before the above-stated deadline to any board member or mail to:

**HLYH
PO Box 933
Glasgow, MT 59230**

HLYH Financial Statement

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Scholarship application deadline is September 30, 20__

Applicant's Name: _____ Date of Birth: _____ Age: _____

Parent/Guardian Name: _____

Physical/Mailing Address: _____

Mother's Employer: _____ Father's Employer: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

ASSETS:

Cash, checking accounts: _____

Cash, savings accounts: _____

Certificates of Deposit: _____

Stocks, Bonds, Mutual Funds: _____

Real Estate: _____

Other assets, specify: _____

Total Assets: _____

LIABILITIES:

Mortgage: _____

Rent: _____

Vehicle loans: _____

Credit Cards: _____

Other, specify: _____

Total liabilities: _____

I hereby certify that the above information is true and correct, and I understand that failing to submit information or submitting false information may disqualify the applicant.

Parent/Guardian Signature

Date