



Mat-Su Amateur Hockey Association

P.O. Box 871880
Wasilla, AK 99687-1880



2023-24 Scholarship Application

MAHA'S scholarship program reinforces the importance of education and an active, healthy lifestyle by using sports and competition as a vehicle to encourage a strong work ethic, positive self-esteem, and respect for oneself and others. This program is available to low income families with children who would like to play ice hockey at Mat-Su Amateur Hockey Association.

Based on the information in the MAHA Player/Parent Handbook:

- Scholarship applicants must prove a financial need by completing the MAHA scholarship request form
- Include one letter of recommendation from a non-family member (previous school teacher, coach, etc.)
- Dependent on scholarship funding and individual needs, scholarship recipients may qualify for assistance with registration fees and/or ice bills.

Unless prior approval having been granted by the scholarship committee is obtained, the applicant agrees to:

- Maintain good academic attendance and passing grades
- Be active in association fundraising
- Participate in All MAHA community service projects
- Families awarded scholarships will be expected to volunteer in association activities.
- Failure to fulfill these obligations or having an outstanding ice bill of 30 days past due, will result in withdrawal of scholarship funding and will exclude eligibility for any additional MAHA scholarships in the future.

An application for each player being registered must be completed. Please complete the attached three (3) page form, provide one (1) letter of recommendation and include a copy of your most recent tax return. The tax return portion will be returned to you upon completion of the application process:

- All applications are required to provide proof of their monthly income and the need for the scholarship
- Incomplete forms will not be accepted or considered.
- Only applicants in good standing with MAHA will be considered for this scholarship.
- Those applying for a scholarship will be notified of the board's decision in a timely manner.

Completed applications for financial aid may be mailed to the MAHA post office box or submitted by email to vicepresident@matsuhockey.com. The scholarship committee will consist of the Vice President and two other members of the MAHA Board of Directors. Information submitted is strictly confidential and the scholarship committee will place recommendations for board approval of scholarship recipients and amounts.

Upon approval and receipt of a MAHA scholarship, parents are required to provide a copy of the player's progress reports/report cards for evaluation of school performance on a quarterly basis to the chair of the scholarship committee.



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APPLICATION FORM FOR HOCKEY SCHOLARSHIP					
Player Name:					
Age Division:					
Mailing Address:					
City:		State:		Zip Code:	
Home Phone:			Cell Phone:		
# of years playing hockey:			Name of last hockey association:		
# of dependents in household:			# of dependents playing hockey @ MAHA		
# of dependents participating in hockey:			To what other association does your family belong:		
Have you ever received a MAHA scholarship?			During what season?		
What events did you volunteer for last season?			Estimated volunteer hours last season?		
Do you qualify for free/reduced school lunches?			Do you qualify for Denali Kid Care?		



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PRIMARY EARNER INFORMATION					
Name:					
Relationship to player:					
Are you a single parent w/sole custody of child?					
Mailing address:					
City:		State:		Zip Code:	
Home Phone:			Cell/Message Phone:		
Employer:					
Occupation:					

SECONDARY EARNER INFORMATION					
Name:					
Relationship to player:					
Are you a single parent w/sole custody of child?					
Mailing address:					
City:		State:		Zip Code:	
Home Phone:			Cell/Message Phone:		
Employer:					
Occupation:					



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PRIMARY EARNER INCOME INFORMATION	
How much did you as the primary earner receive from working in 2022?	\$
1. Net Monthly household income (include all adults in household):	\$
2. What were your exemptions for 2022 (line 10 on IRS form 1040):	\$
3. What was your adjusted gross income for 2022: (line 11 on IRS Form 1040)	\$
4. What was your taxable income for 2022: (line 15 on IRS Form 1040)	\$
If you are receiving public assistance, please list the types and amounts:	
Assistance Type:	\$
Assistance Type:	\$
Are you receiving child support?	
	\$

I hereby state that all the supplied information is true and correct. I understand that any discrepancies found may result in the termination of financial aid and I will be responsible for full remittance of the aid amount granted. I understand that it is my responsibility to provide proof of academic performance and that my player's team manager will be asked about volunteer participation of the recipient family to continue to receive financial aid.

Signature:		Date:	
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APPLICATION SUBMITTAL		
Mail Application to:	- Or -	Email Application & Attachments to:
Mat-Su Amateur Hockey Association Attn: Scholarship Committee P.O. Box 871880 Wasilla, AK 99687-1880		vicepresident@matsuhockey.com