

| AHAMP YOUTH HOCKEY ASSOCIATION | | | | |
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| SCHOLARSHIP APPLICATION FORM | | | | |
| Applications may be submitted between July 1 st and September 14 th —they will be reviewed on a first-come/first-serve basis until all 10 scholarships in the amount of \$200.00 each have been awarded. Any applications submitted after the September 14th deadline will be considered if there is leftover scholarship funding still available for the season. | | | | |
| Note: Scholarships cannot be applied to the registration fee due by September 14th. | | | | |
| (Please fill out an application for each child, with a maximum of two applications per family) | | | | |
| Child Applicant Name: | | | | |
| Age: | | Hockey Level: | | |
| Parent or Legal Guardian Name: | | | | |
| Home Address: | | | | |
| Home Phone: | | Cell Phone: | | Email: |
| Primary Employer: | | | Work Phone: | |
| Please list all legal guardians in the household: | | | | |
| Name: | | | | |
| Name: | | | | |
| Please list all other children in your household. | | | | |
| Name: | M/F | Age: | Plays Hockey? | Level: |
| Name: | M/F | Age: | Plays Hockey? | Level: |
| Name: | M/F | Age: | Plays Hockey? | Level: |
| Name: | M/F | Age: | Plays Hockey? | Level: |
| Name: | M/F | Age: | Plays Hockey? | Level: |
| Name: | M/F | Age: | Plays Hockey? | Level: |
| AHAMP Scholarships are considered and granted based on the following criteria: | | | | |
| 1) Availability of funds | | | | |
| 2) Order of submission—awards are made on a first-come/first-serve basis | | | | |
| 3) Explanation of financial need/special circumstances | | | | |
| <i>Important note: Skaters with outstanding balances or past due payments are not eligible for scholarships.</i> | | | | |
| Please explain your financial need/special circumstances here: | | | | |
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