**NORTHEAST GEORGIA HOCKEY ASSOCIATION**

Full and Partial Scholarship Request Form

Northeast Georgia Hockey Association (NEGAHA) will not deny any child a chance to play hockey due to financial hardship. Full or partial scholarships are available. Complete and return this form and the required information to Northeast Georgia Hockey Association by email to treasurer@negahockey.org or by mail to Northeast Georgia Hockey Association, Attn: SCHOLARSHIP, P.O.Box 1014 Athens, GA 30603

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| **SCHOLARSHIP ELIGIBILITY REQUIREMENTS** |
| ◆ ◆ Complete Player Registration For ◆ Complete in Full a Scholarship Request Form with an explanation of the financial hardship ◆ Provide copy of a current ACC Leisure Services Scholarship Card, Approval for Free or Reduced  Price School Meals and/or other Documentation◆ Complete Northeast Georgia Hockey Association Volunteer Application for Parent or Legal Guardian |

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| --- | --- | --- |
| Parent/Guardian’s First Name | Parents/Guardian’s Last Name | Player(s) Name (s) & Date(s) of Birth |
|  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Home Address | City | State | Zip Code |
|  |  |  |  |

How much can you afford to pay now $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and/or later? $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of the Scholarship Requested: Full $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Partial $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Has the player(s) ever received scholarships from another resource? If yes, please list resource & year?\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| FINANCIAL HARDSHIP EXPLANATION (use back of page or attach a separate sheet if needed): |
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I, as the Parent or legal Guardian of the player(s) named above, attest to the truth for the above information to the best of my knowledge. I have read and agree to the Northeast Georgia Hockey Association Scholarship Fee Program Guidelines.

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 Parent(s) or Guardian(s) Signature(s) Date

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| **FOR NORTHEAST GEORGIA HOCKEY ASSOCIATION USE ONLY** |

Date Reviewed:

|  |  |  |
| --- | --- | --- |
|  ▢ Full Scholarship Granted |  ▢ Partial Scholarship Granted |  ▢ Request Denied |
| Amount: $ | Amount: $ | Contact:nega.icehockey@gmail.com |