



ARIZONA HOCKEY CLUBS
PO BOX 1431
Gilbert, AZ 85299

Dear Scholarship Applicant,

Please find the enclosed application for the Arizona Hockey Club (AHC) Travel Hockey Association's Scholarship Fund. We recognize the need for financial assistance under certain circumstances. Scholarships are made available through AHC fundraising activities. The criterion to obtain financial assistance includes: substantive financial need, positive membership standing within the Association, and a solid commitment to the AHC. A signed contract with deposit payment must be received prior to consideration of a scholarship application.

The goal of the scholarship program is to provide financial support to those players who might otherwise be unable to participate. We have a consistent and fair system to assess financial need. A limited number of scholarships are available to finance a portion of the contract fees for players on an AHC travel team. Team account payments, travel and equipment expenses are not funded by this program.

The scholarship application is available for any member in good standing with the AHC, and is reviewed by the Board of Directors. All information is kept confidential. The player's parent/legal guardian must submit the following documentation in order for a player to be considered for a scholarship:

- Scholarship Application
- Most recent income tax return
- Letter of explanation, including:
 - Financial need of scholarship
 - Intention of volunteer commitment
 - Extraordinary personal circumstances

Failure to submit all requested information could affect the committee's ability to grant support. Do not send original documents, please send copies (.pdf). We will not accept photos (.jpeg). You will be notified via email when the AHC has decided on your application.

The deadline for 2023-2024 season applications to the Club P.O. Box is July 15, 2023

Initials

Terms and Conditions: If a scholarship is granted, the family agrees to volunteer 1 hour of service for every \$50 of financial assistance. They also agree not to compete with AHU for the subsequent season after the award. Competing includes trying out for other hockey clubs. The volunteer hours will be tracked throughout the season and must be completed by February 28th of that hockey season. If the hours are not performed and/or the player competes the following year, the scholarship amount will be billed back to the player account and must be repaid before financial release will be granted.

Thank You



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Scholarship Application Form

Player Name: _____ **Team:** _____
Address: _____ **City:** _____ **Zip:** _____
Parent's Names: _____ **Home Phone:** _____
Work Phone: _____ **Cell Phone:** _____ **Email:** _____

Please list all Adults in the household. Complete information and documentation must be provided.

Name	Gross Income\$	Additional Income\$	Total Income\$	Filed Federal Tax Return? Y N

Please list children in the household other than the player applicant.

Name	Gender M F	Age	Grade	Plays Hockey Y N	Where

Financial Assets - Additional financial information needed:

Cash, Savings, & Checking Total \$	Net worth of family owned business	Net worth of assets including retirement – 401K, IRA, stocks, bonds accounts. *Do not include family home
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Please attach a copy of your 2022 1040 tax return and W-2s. Only the 1040 or 1040EZ form is required supporting schedules such as itemized deductions are not required.

Special Circumstances: If you have special circumstances that you feel increase your need for financial support, please attach a **letter** of explanation including specific list of expenses. Examples of special circumstances:

- Unusual medical expenses
- Unusual debts or loss of assets
- Extended family support

I hereby certify that all of the information on this form is true and correct. I understand that the Arizona Hockey Club Board of Directors may verify this information. Deliberate misrepresentation may be subject to termination for further financial assistance. I understand that any financial assistance is granted through a committee decision process. I understand that there are conditions and requirements for continued financial support, and that support may be terminated if conditions are not met. I understand that the Arizona Hockey Club scholarships are awarded seasonally, and that I must apply seasonally for scholarship opportunities.

Parent's Name: _____ **Date:** _____

Parent's Signature: _____