



Colorado Youth Hockey Foundation

Scholarship Application Form

2033 11th Street, Suite 6 • Boulder, CO 80302 • 303-442-7369

Today's Date _____

Mail Application and complete packet to above address.

Child Applicant Information

Child's Name: Last _____ First _____ MI _____

Child's Birth Date: _____ Age: _____ Sex: _____ Male _____ Female

Child's Home Address: _____

Parent or Legal Guardian Information

Parent or Legal Guardian: Last _____ First _____ MI _____

Father's Employer: _____ Work PH: _____

Mother's Employer: _____ Work PH: _____

Home PH: _____ Cell PH: _____ Email Address: _____

Child's Hockey Participation

Current Hockey Association: _____ Division: _____ Team: _____

Hockey Coach: _____ PH: _____ Email: _____

Team Manager: _____ PH: _____ Email: _____

Hockey Director: _____ PH: _____ Email: _____

Scholarship Request

Scholarships are granted based on the following criteria:

Money Available for Distribution • Financial need of Applicant • Special Personal Circumstance

Scholarship Request: _____ Amount: \$ _____

YES _____ NO _____ I would like educational assistance for my son/daughter please contact me at:

Have you applied to your association for financial assistance? YES _____ NO _____

I understand that if I receive a scholarship I become a member of the CYHF. I am responsible for submitting the following information in order to apply and be considered for a scholarship.

- Completed Scholarship Application Form
- Copy of most recent "Child Applicant" academic report card
- Most Recent Individual Hockey Photo or School Photo
- Copy of most recent income tax statement
- Letter explaining reason for request of scholarship

I certify that the information on this form is accurate at this time and I understand that the CYHF Scholarship Committee will verify all information. Deliberate misrepresentation may result in termination of further financial assistance. I understand that any financial assistance is a committee process and CYHF reserves the right to withdraw an application if the terms and conditions are not met. I also understand that the scholarships are awarded and viewed separately and does not necessarily guarantee the continuance of the existing scholarship.

Furthermore, I certify that I will notify the Committee of any changes in our financial circumstances; and provide any requested information or documentation. We understand that these may result in revisions to the applicant's financial aid package.

Name of parent or legal guardian: _____

Signature of parent or legal guardian: _____ Date: _____