



Arapahoe Youth Hockey League Booster Club
Scholarship Application

*****Private and Confidential*****

Player Information

Player Name:
Birth Date:
Last Year's Hockey Team:

Parent or Legal Guardian Name:
Home Address:
Home Telephone:
Email Address:
Cell Phone:
Primary Employer:
Work Telephone:

Please list all adults in your household. Complete information must be provided.		
Name:	Primary Income: \$	Add'l Income:
Name:	Primary Income: \$	Add'l Income:
Name:	Primary Income: \$	Add'l Income:
Name:	Primary Income: \$	Add'l Income:

Please list all children in your household.		
Name:	Age:	Plays Hockey/Where?
Name:	Age:	Plays Hockey/Where?
Name:	Age:	Plays Hockey/Where?

Other Information	
Please attach a written statement with any additional information that will help us to make a decision regarding your scholarship application.	
Attach a copy of your most recent paycheck	
Attach your last year's federal income tax return	

I hereby certify that all of the information on this form is true and correct. I understand that the AYHL Scholarship Committee 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 process and the Program Director is not responsible for the decisions of the committee. I understand that the Arapahoe Youth Hockey League Booster Club scholarships are awarded seasonally, and that I must apply seasonally for scholarship opportunities.

Authorized Signature:
Printed Name:
Date: