

2011/2012 GSYHA SCHOLARSHIP APPLICATION FORM

Please mail to: GSYHA, PO Box 576, Glenwood Springs, CO 81602

Glenwood Springs Youth Hockey Association provides opportunities for youth to participate in our recreational and competitive hockey programs. Our programs promote sportsmanship and team play, and develops self-esteem and character.

CONDITIONS FOR SCHOLARSHIP AWARDS

All participants receiving a scholarship must meet the following conditions. Failure to meet these requirements may result in the forfeiture of the scholarship award.

- Recipients must abide by the Player and Parent Codes of Conduct.
- Disciplinary actions within GSYHA, school, or with the local authorities may revoke award.
- No outstanding debts with GSYHA or any other youth hockey organization (financial release is required if transferring from another youth hockey organization)

QUESTIONS

If you have questions, please contact:
TK Kwiatkowski, Director of Hockey, 970-366-7311

CONFIDENTIALITY STATEMENT

All information provided will be kept confidential

COMPLETED SCHOLARSHIP APPLICATION MUST INCLUDE

1. USA Hockey Registration Confirmation (USAH registration fee cannot be included in this application)
2. Scholarship Application Form - Only one form is required per family.
3. Latest Tax Return or pre-approved alternate statements of financial need
4. Explanatory Letter - On a separate sheet, please state why you are requesting a scholarship. Include comments on any special circumstances influencing your financial position which GSYHA should consider in the decision making process.

SCHOLARSHIP DEADLINES

December 1, 2011 - Deadline for all GSYHA Programs (we have a limited amount of funds each year)

You may list all participants and total amount requested on the same scholarship form.

Participant's Name: _____ Program: _____

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Participant's Name: _____ Program: _____

Parent(s) Name: _____

Phone Number: _____

\$ _____ Total Program Fee(s)

\$ _____ Total Amount requested

\$ _____ Payments already made during Registration

**DO NOT INCLUDE YOUR
FUNDRAISING COMMITMENT
IN THE REQUESTED AMOUNT.**

I hereby acknowledge that the information on this application is true and accurate. I understand that if any information on this application form is not true or accurate, then GSYHA has the right to terminate any scholarship award. At such time the applicant will be obligated to repay GSYHA the total amount of the scholarship awarded. GSYHA also has the right to terminate any scholarship award should the balance of the program fee, after scholarship, not be paid within the designated time. I have read and understand all my obligations and responsibilities as a scholarship applicant/recipient.

Signature (parent, guardian, or player if 18): _____

Print Name: _____

Date: _____