

PATRIOTS SCHOLARSHIP APPLICATION

PURPOSE: To provide financial assistance to player families who have run into hardship. This assistance is to keep the player involved in the sport of hockey rather than be forced out due to financial hardship. Awarded amounts will be deducted from the player fees. Families who receive financial assistance are still required to participate in required fund raising activities, and are encouraged to participate in voluntary fundraising activities that the association engages in to raise money for scholarships (i.e. volunteering at Taste of Madison).

ELIGIBILITY CRITERIA:

1. Player must have participated in hockey for at least 2 years or at the discretion of the Patriot Board of Directors on a case by case basis
2. Player is in good standing with the association and Region 4 Hockey Council (is not on any suspension)
3. Player would not otherwise be able to participate during the current season because of hardship
4. Player's family must participate in required association fundraising activities.

HOW TO APPLY: Complete and the Patriots Scholarship Application form and attaching any supporting documentation to the following address:

**PATRIOTS YOUTH HOCKEY ASSOCIATION
ATTENTION: SCHOLARSHIP COMMITTEE
PO BOX 7822
MADISON WI, 53707-7822**

Applications are due by November 1st. Contact the Scholarship Committee with any questions scholarships@patriotshockey.org .

Patriot Scholarship Application

Player Name: _____ Date of Birth _____
Player Level: Mites U10/U14 Squirts Peewees Bantam

Parent/Guardian Name: _____

Primary Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Home Phone: _____ Work/Cell _____ Email _____

School Attending: _____ Grade _____ Age _____

Program Fee _____ Request Amount _____ Yearly Income _____ Family Size _____

I hereby apply for a Scholarship Award to go towards fee for the player listed above for the current hockey season. I understand that hardship awards are awarded based on fund availability and on application criteria. I understand that applying for an award does not automatically result in receiving an award. I certify the information included in the application is correct and true to the best of my knowledge.

Signature: _____ Date: _____

Printed Name: _____

Detailed description of your hardship situation justifying this request (Attach another sheet if necessary):