

TYLER FREDERES MEMORIAL FUND

Midwest Hockey Awards Program Application

The Tyler Frederes Memorial Fund was established in 2014. Tyler was tragically killed in a single car accident on August 17, 2013 while visiting family in Kansas City. Tyler played ice hockey for 16 years and was passionate about the game. He lived a full life in his short 22 years, and we want to honor him, salute his love of the game and assist players 6 – 18 years old in the Midwest Amateur Hockey Association who have the same passion regardless of their financial situation.

2016-2017 Season Award

Assistance from the Tyler Frederes Memorial Fund (TFMF) is based on both financial need and player character. **To have an application considered by the TFMF Board:**

- **Player and Guardian complete the Player Application Form**
- **Coach or Association Representative provide a letter of reference**
- **Turn form and reference letter into Association President**
- **Association President email completed applications to Midwest Amateur Hockey Association Les Teplicky at teplicky@dchsi.com, subject line should read: MWAHA / TFMF Award**

Application Deadline Dates;

Travel Player – September 1, 2016

House / Recreational Player – October 1, 2016

- Applications will be kept confidential.
- Only one application per family.
- Incomplete forms will not be considered.
- Association Presidents will be notified regarding successful applicants.
- Every attempt will be made to send checks by October 15 for Travel Player applications and November 15 for House / Recreational Player Applications.
- Travel Player Applications will be considered past the September 1 deadline and up to October 1, but any awards will be delayed until the TFMF Committee considers all applications.
- Questions should be directed to Les Teplicky at teplicky@dchsi.com or call 563-320-4933

Player – Parent / Guardian

TFMF – MWAHA Awards Program Application Form

Name of Association: _____

Name of Player: _____

2016-17 Season: Travel Hockey _____ House/Recreational Hockey _____

Address: _____

Street: _____

City: _____ Zip Code: _____

Parent/Guardian: _____

Contact Phone Numbers:

Home: _____ Cell: _____

E-mail address: _____

Number of years played hockey: _____

Number of occupants in household: _____

Number of household occupants participating in MWAHA: _____

Number of household occupants participating in hockey: _____

Academics:

School/Grade: _____

GPA (if applicable): _____

School Extracurricular Activities: _____

Other Activities (including community volunteer service): _____

Character:

Players, please attach a 1-page essay on why you qualify and deserve assistance from the TFMF. Coaches will also need to attach a referral letter.

