

2017-18 RAMS Hockey Scholarship Application

please fill out a separate form for each child for whom you are applying

PLAYER
INFORMATION

Player Name: _____
Player Birth Year: _____
Current Hockey Level: _____
Years Playing in Youth Hockey: _____
Years with the RAMS Hockey: _____

APPLICANT
INFORMATION

Applicant's Name: _____
Relationship to Player: _____
Applicant Daytime Phone: _____
Applicant Evening Phone: _____
Applicant e-mail: _____
Number of Youth Hockey Players in Household: _____

Amount You Can Afford to Pay _____
Remaining Amount _____

In order to complete your application, please also submit the following documents:

- 1.) In a separate document, of no more than two pages, please tell us about your child's involvement with hockey. Describe the circumstances affecting financial need and address what other fundraising activities you've explored to assist in making hockey affordable for your family. If you are applying for more than one child in your family, you may use the same letter of request for multiple children. Typed pages are preferred, but legible, printed, handwritten sheets will be accepted.
- 2.) Please submit a copy of the 1st page and signature page of your previous year's tax return. Any financial information collected will be reviewed solely by the board committee responsible for making scholarship recommendations and will be kept in strict confidence. (Note: if parents do not file jointly, or are divorced/separated, tax returns from both parents are required)

I/We, as the Parent/Legal Guardian(s) of the player named above, attest to the truth of the above information as

Parent/Legal Guardian Signature(s):

Name:

Date: _____

Name:

Date: _____