



Arizona Titans Hockey

Scholarship Application

The Arizona Titans Hockey Scholarship Fund has been established to provide financial aid to qualified families. We will strive to ensure that our organization continues to increase the development of youth hockey as it fulfills the needs of our members.

Process:

The scholarship application will be open on September 1, 2020. A completed application must be submitted to the email below on or before September 15th to be considered. Funds will be awarded on an objective and nondiscriminatory basis. Funds awarded will be limited to 25% or less of the association dues per recipient per year. Awarded Funds will be based on financial need, a signed contract with payment deposit, parent/player involvement and volunteer efforts. The VOSHA Board of Directors will review all applications and will notify all applicants that are awarded by September 25, 2020.

Guidelines:

The scholarship application is available for any member in good standing with VOSHA. All applications will be reviewed by the Board of the Directors and will be kept confidential. Player's parents/legal guardian must submit the following documentation in order for a player to be considered for a scholarship:

- Completed scholarship application
- Most recent income tax return
- Last two pay stubs from current employer
- Letter of explanation, including:
 - Financial need of scholarship
 - Special personal circumstances

In the event a player, who has received financial aid leaves the program during the season, AZ Titans reserves the right to have 100% of the funds returned to the Titans Scholarship program.

If a scholarship is granted, the family agrees to volunteer 1 hour of service for every \$50 of financial assistance. The volunteer hours will be tracked throughout the season and must be completed by January 31, 2021.

All completed applications and required documents should be submitted in pdf format only to aztitanshockey@gmail.com. No documents provided in jpeg format will be accepted.

VOSHA TITANS SCHOLARSHIP APPLICATION

2020 - 2021 Hockey Season

PLAYER INFORMATION

Name: _____ Birthdate: _____ Age: _____

Address: _____

City, State, Zip: _____ Phone: _____

Parent/Guardian #1

Name: _____ Relationship: _____

Email: _____ Phone: _____

Occupation: _____

Employer: _____

Parent/Guardian #2

Name: _____ Relationship: _____

Email: _____ Phone: _____

Occupation: _____

Employer: _____

APPLICANT ACADEMIC INFORMATION

Current School: _____

Grade: _____ Academic Standing/GPA: _____

Extracurricular Activities/Hobbies (please list): _____

APPLICANT HOCKEY INFORMATION

Number of Years Playing Competitive Hockey House: _____ Travel: _____ Current position: _____

2019-2020 Association: _____ Team: _____

2018-2019 Association: _____ Team: _____

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FINANCIAL INFORMATION

Do you have multiple applicants from the same household? No Yes

Name of other applicant: _____

Please list any sources and amounts of income other than from employment: _____

Household Annual Income: \$ _____

Please attach copies of the following:

1. Most recent income tax return(s)
2. Most recent two pay stubs from employer

Association Player Hard Cost: \$ _____

Please also include a letter of explanation including financial need for scholarship and any special circumstances that may increase family's need for financial support if applicable.

TERMS AND CONDITIONS

The VOSHA Board of Directors agrees to award scholarships on an objective and nondiscriminatory basis based on, but not limited to, the information provided within this application and included documents.

Application Checklist:

- | | | | |
|--------------------------|----------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Completed application | <input type="checkbox"/> | Letter of explanation |
| <input type="checkbox"/> | Household: W2 or 1099(s)* | <input type="checkbox"/> | Employer paystubs |

Please black out any social security or tax identification #'s prior to submitting

By submitting this application, I hereby certify that the information and facts set forth in it are true and complete. I understand and agree to the terms and conditions set forth, if my application is accepted, and acknowledge that if those terms are not met, the financial support may be terminated.

SIGNATURES:

Parent/Guardian #1 Print Name

Signature

Date

Parent/Guardian #2 Print Name

Signature

Date