

## **JOSEPH ORECCHIO MEMORIAL SCHOLARSHIP FUND GUIDELINES**

***Objective: to financially assist players (Youth thru Varsity levels) who wish to participate in the Lehigh Valley Scholastic Hockey League (LVSHL), but may be unable due to financial hardship. Scholarship candidates should demonstrate a strong desire to participate and a good academic record. Individuals who are rostered on another hockey team, including a travel team or attend a private school are NOT eligible for scholarship consideration. Scholarship funds will be determined based on financial need, eligibility and scholarship fund availability. Maximum scholarship funds granted will not exceed 40% of ice tuition fees or \$400 per player or \$800 per family for those families with two or more eligible players. If it is determined that a player who has received scholarship funds has misrepresented their financial situation or eligibility, or subsequently joins a travel team, that individual's family will be responsible to refund their scholarship funds back to the Joseph Orecchio Scholarship Fund.***

1. 3 - 5 member Sub-Committee identified annually by all LVSHL Club Delegate Members attending the August monthly meeting.
2. Scholarships awards to be determined per a Player ID # System as administered ONLY by the LVSHL Secretary Board Member (i.e., no player ID information will be on the forms passed from LVSHL Secretary Board Member to the Sub-Committee).
3. Process is confidential and decisions should ONLY be discussed within Sub-Committee Member Meetings.
4. Fund to be regenerated annually by no more than \$5/player registration costs for all levels of players in the LVSHL. Support of the Scholarship Fund is mandatory for all LVSHL players, even those not eligible for an award. LVSHL Varsity All-Star Gate Receipts and ALL fines will also go to this Fund.
5. Total Fund does NOT need to be used annually, with remaining funds to be kept in a separate interest bearing account controlled by the LVSHL Treasurer, rolled when possible from year to year.
6. Forms should be filled-out by parents and passed directly via mail or in person to the LVSHL Secretary Board Member no later than 10/1 with decisions made in October. Additional requests will be accepted up until 12/15 for all LVSHL levels, funds and roster availability permitting. Award checks will only be written by the LVSHL Treasurer to the LVSHL Team Treasurer in which the player(s) are registered.

**JOSEPH ORECCHIO MEMORIAL SCHOLARSHIP FUND APPLICATION FORM** (Page 1 of 2) **(please submit separate form for each applicant)**

Year for which applying: 20\_\_\_\_\_ thru 20\_\_\_\_\_ ice hockey season

**Hockey Players Name** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB \_\_\_\_\_ Age \_\_\_\_\_ Phone# \_\_\_\_\_

School District / High School / Team that Player is associated with:

\_\_\_\_\_

**Mothers Name (Print)** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Fathers Name (Print)** \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Only people to view this info. (p. 1-2: LVSHL Board Secretary and p. 2 only: Sub-Committee, 3-5 LVSHL Club Delegates)**

PLEASE PRINT ALL INFORMATION LEGIBLY. Applicants may be awarded up to a maximum of 40% (or no higher than \$400/player or \$800/family) partial scholarship for ice tuition costs only.

**If the player decides to play travel ice hockey during the same season, then full reimbursement to the LVSHL Team Treasurers is required.** Mail completed form to: LVSHL, PO Box 165 Northampton, PA 18067 or hand to the LVSHL Board Secretary, currently Steve Szuter.

\_\_\_\_\_

(a parent sign / date)

**ID # = \_\_\_ (to be added by LVSHL Board Secretary)**

**JOSEPH ORECCHIO MEMORIAL SCHOLARSHIP FUND APPLICATION  
FORM** (Page 2 of 2)

**(for confidentiality purposes, please do NOT use any names on this page)**

Mother's Annual Gross Wages \$ \_\_\_\_\_

Recent Mother's Job Loss  yes  no If so, for how many months \_\_\_\_\_

Father's Annual Gross Wages \$ \_\_\_\_\_

Recent Father's Job Loss  yes  no If so, for how many months \_\_\_\_\_

Is Hockey Player Being Financially Supported By Both Parents or other Family Members?   
yes  no

Total number of dependents in family including adults \_\_\_\_\_

Is Hockey Player Employed?  yes  no If so, fill in information below:

Hours/Week \_\_\_\_\_ Annual Wages \_\_\_\_\_

Level of Play (i.e., Y, MS, JV, V) \_\_\_\_\_ Team Ice Fees? \_\_\_\_\_

Are any Family Members Playing on a Travel Team?  yes  no

New to Ice Hockey?  yes  no How many LVSHL Players/Family? \_\_\_\_\_

Grades in general (i.e., GPA or whatever evaluating mechanism)

\_\_\_\_\_

Please explain need for request (**please do NOT use any names**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_