

### PLSHA SCHOLARSHIP APPLICATION PROCESS 2025-2026

PLSHA has received a generous donation from The Tim Speltz Light the Lamp Foundation that will be used to help PLSHA traveling hockey families that are in need of financial assistance this hockey season. Hockey can be an expensive sport and the funds will help by offering a financial scholarship that will go towards helping with registration and potentially season bills as well.

Applicants must submit a confidential Scholarship application form (provided below). Completed applications **must be received by 08/26/2025**.

The scholarship committee will review all applications. Financial Scholarship will be granted based on eligibility (participant in the PLSHA traveling program, in good standing with PLSHA, demonstrate financial need), the total number of applicants, the amount of funds, and other financial factors considered relevant by the committee. The committee reserves the right to request additional information.

Applicant's names and all information will be kept strictly confidential. Only the committee will review the applications, and by issuing scholarship funds in the form of registration fee waivers there will be no applicant's financial knowledge transferred to team treasurers. All decisions made by the committee are final; there is no appeal process. All players receiving scholarship funds are still required to complete DIBS per PLSHA policy and all other team duties/financial obligations.

**PLSHA SCHOLARSHIP APPLICATION FORM 2025-2026**

The following is the scholarship request form that must be filled out completely in order for the PLSHA scholarship committee to consider applicants. We realize that the completion of a form such as this may be a difficult thing for you to do but in order for the committee to understand your needs and situation we must get the information. We promise that this information will be treated with the utmost respect and confidentiality and will only be reviewed by a small committee.

Full Name: \_\_\_\_\_

Street address: \_\_\_\_\_

City, State and ZIP: \_\_\_\_\_

Home and Cell phone #'s \_\_\_\_\_

Email address: \_\_\_\_\_

Name of Player(s) and Level for child/children for whom assistance is being requested:

Name/Level \_\_\_\_\_

Name/Level \_\_\_\_\_

Name/Level \_\_\_\_\_

Name/Level \_\_\_\_\_

Why are you applying for scholarship? Has anything recently changed in your life financially, since last hockey season, that we need to know about (illness, hardships, etc.)? Explain fully with details(use back of sheet if necessary):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any dependents and their ages (those not playing hockey):

\_\_\_\_\_

You will be expected to remain current with all other required payments. The scholarship Committee reserves the right to request additional information on any of the above information.

**Return completed form by August 26th to: PLSHAscholarship@gmail.com**