



Registration Fee Assistance Program

One Child per application

Child Applicant Name:

M/F: Age: Grade in School: Hockey Level:

School Name: Average Grade (A/B/C):

Parent or Legal Guardian Name:

Home Address:

Home Phone: Cell Phone: Email:

Primary Employer: Work Phone:

Do you qualify for free/reduced school lunch or food stamps? Yes No

Please provide documentation if you qualify for the above

Please list all other children in your household.

Name: M/F: Age: Plays Hockey? Level:

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Please email your completed application and information to:
hockeyscholarship@bojibayice.com

Or mail to Scholarship Committee
 PO Pox 10 Spirit Lake, IA 51360

Special circumstances qualifying your child for assistance: