

Watertown Hockey Association Scholarship Application

The Watertown Area United Way provides all WHA scholarship funds. Scholarships are considered on an individual basis by the WHA Executive Board and will be kept confidential.

Parent/Guardian Applicant Name: _____

Address: _____ Email: _____

Phone #(s): _____ Household Size: _____

Does your household qualify to receive free or reduced lunches?

	First and Last Name	DOB	Division Fee	USA Hockey Fee
Player 1:	_____	_____	_____	_____
Player 2:	_____	_____	_____	_____
Player 3:	_____	_____	_____	_____

Briefly explain your need for this scholarship and the amount you are requesting:

Scholarship amount requested: _____

Please attach previous or current years verification of free or reduced lunch qualifications. This is required in order to be considered for assistance. The WHA Executive Board will review all applications and qualifying for lunch assistance does not necessarily mean a player will qualify for a WHA scholarship.

All WHA families are expected to fulfill volunteer requirements. Families who receive scholarships may **not** pay funds in place of their volunteer requirements.

Scholarships will only cover WHA registration and USA Hockey fees. Other fees will not be covered. Upon approval applicant will receive a discount code to cover the Division Fee and a check to cover the USA Hockey Fee (applicant must fill this out on their own at www.USAHockey.com).

By signing this application, you attest all information is true and accurate. Not providing full and accurate information may prevent the player(s) from receiving scholarship assistance from WHA.

Parent/Guardian Signature: _____ Date: _____

Form must be filled out and returned within 2 weeks of registration opening (with the exception of new players) to lakertreasurer@gmail.com or mail to WHA PO Box 483 Watertown SD 57201.

Office Use Only: _____ Approved _____ Denied _____ Treasurer Signature: _____ Date: _____