

Scholarship Application
Valley Youth Hockey Association

Player's Name: _____ Age: _____
Number of other children in VYHA: _____

Parent's Name (Mother): _____

Address: _____

Occupation: _____

Phone Number: work _____ home _____ cell _____

Parent's Name (Father): _____

Address: _____

Occupation: _____

Phone Number: work _____ home _____ cell _____

Income: _____ please circle weekly/bi-weekly/monthly
(please attach verification of income: tax return & pay stub)

Number of people in household: _____

Amount of scholarship requested: _____

Brief explanation of why assistance is needed: _____

Parent's Signatures: _____
Mother Father

VYHA Board Use Only

Date Received: _____ Received by: _____

Approved/Dismissed (circle one)

Approved amount: _____

Date approved: _____

Fundraising Participation _____