

## McCall Youth Hockey Association Financial Assistance Program

Scholarships are available to qualifying youth hockey participants. Scholarships are for registration costs only. They do not cover additional fees such as USA Hockey fees, jerseys, gear, tournament fees, or travel expenses. Applications must be completed in their entirety. Any missing components may result in forfeiture of a scholarship. Applications are due prior to registering and before the first team practice. They will be reviewed in the order that they are received.

Applications must contain the following:

- 1) Completed MYHA Financial Assistance Application (See below)
- 2) Documentation of total net income including pay stubs
- 3) Proof of participation in National School Lunch Program
- 4) A 200-400 word essay, "what hockey means to me," to be completed by hockey participant

Applicants must also participate in all available fundraising opportunities. This may include, but is not limited to: fireworks booth, coupon books, raffle tickets, and extra volunteer hours during local tournaments. Team managers will share fundraising opportunities as they arise.

The McCall Youth Hockey Association Board of Directors Scholarship Committee will make a decision and notify applicants within 10 days of receiving an application.

### McCall Youth Hockey Association Financial Assistance Application

**Please complete the following information:**

Date of request: \_\_\_\_\_

Parent/Guardian requesting financial assistance (Name): \_\_\_\_\_

Parent/Guardian (State Relationship): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Marital status (Check One) Single: \_\_\_\_\_ Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Total number in household: \_\_\_\_\_

Total number of children participating in the MYHA program: \_\_\_\_\_

Net monthly combined income: \$\_\_\_\_\_ (Attach copies of pay stub(s))

Does your family meet the guidelines of the National School Lunch Program? (Check One) Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach proof from school)

List the name and age of the player(s) for which you are requesting financial assistance.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_

Scholarship percentage (%) requested (Check One): 25% \_\_\_\_\_ 50% \_\_\_\_\_ 75% \_\_\_\_\_ 100% \_\_\_\_\_

**Please submit applications to MYHA Team Manager or by email [info.myh@gmail.com](mailto:info.myh@gmail.com).**