

# FYHA Scholarship Request Form

**P.O. Box 2903, Flagstaff, Arizona 86003**

Participant Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Address: \_\_\_\_\_

Street City State Zip

School Child Attends: \_\_\_\_\_ Grade: \_\_\_\_\_

Annual Income: \_\_\_\_\_ Number of family members in household: \_\_\_\_\_

Does your child qualify for free or reduced school lunch? YES NO  
Has your family experienced a sudden financial hardship? YES NO

If yes to sudden financial hardship, please briefly explain:  
\_\_\_\_\_  
\_\_\_\_\_

What program is your child registering to participate in?  
(Please circle one that applies)

<b>House Programs</b>	<b>Travel Programs</b>
Mini Mite (4-8yr) (Learn to Skate)	Mite (5-8yr)
Mite (5-8yr)	Squirt (9-10yr)
Squirt Peewee Bantam (9-14yr)	Peewee (11yr-12yr)
	Bantam (13yr-14yr)

What amount of Scholarship are you requesting? Please check which one applies: 10% \_\_\_\_\_  
25%- \_\_\_\_\_ 50% \_\_\_\_\_ Full \_\_\_\_\_ Other \_\_\_\_\_

Are you requesting scholarship money for rental equipment too? YES NO  
Has your child ever received a scholarship from FYHA? YES NO

Are you willing to volunteer with FYHA to help defray costs? YES NO  
**If yes**, please list which volunteer job(s) you have [signed up](#) for 09/10  
\_\_\_\_\_. (sign up before turning this form in, you can get our volunteer list by  
visiting [www.fyha.org](http://www.fyha.org) and click on '[Volunteer List](#)' and then [sign up](#) for the one(s) that apply).

FYHA Scholarships are granted according to:

- Availability of funds
- Financial need of applicant
- Participant commitment to practices and games
- Volunteer commitment

I hereby certify that all of the information on this form is true and correct. I understand that the Flagstaff Youth Hockey Association may verify this information. Deliberate misrepresentation may be subject to termination of further financial assistance.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Printed Name: \_\_\_\_\_