



Mat-Su Amateur
Hockey Association

MAHA
P.O. Box. 871880
Wasilla, Ak. 99687

Chris Brunnhoelzl
Scholarship Committee Chair

Phone: 907-746-1153

Email: chris@mtaonline.net

Visit us @
www.matsuhockey.com

Scholarship Program Application For Financial Assistance

MAHA's scholarship program reinforces the importance of education and an active, healthy lifestyle by using sports and competition as a vehicle to encourage a strong work ethic, positive self-esteem, and respect for oneself and others. This program is available to low-income families with children who would like to play ice hockey at Mat-Su Amateur Hockey Association.

Based on page 16 of the MAHA Player/Parent Handbook:

- Scholarship applicants must prove a financial need by completing the MAHA scholarship request form
- and include one letter of recommendation from non-family members such as a previous school teacher etc.
- Dependant on scholarship funding and individual needs, scholarship recipients may qualify for assistance with registration fees and/or ice bills.

Unless prior approval having been granted by the scholarship committee is obtained, the applicant agrees to:

- maintain good academic attendance and passing grades,
- be active in club fundraising
- participate in all MAHA community service projects.
- Families awarded scholarships will be expected to volunteer in association activities.
- Failure to fulfill these obligations or having an outstanding ice bill of 30 days past due will result in withdrawal of scholarship funding and will exclude eligibility for any additional MAHA scholarships in the future.

An application for each player being registered must be completed. Please complete the attached 2 page form, provide one letter of recommendation and include a copy of your 2007 tax return. The tax return portion will be returned to you upon completion of the application process.

- All applicants are required to provide proof of their monthly income and the need for the scholarship.
- Incomplete forms will not be accepted or considered.
- Only applicants in good standing with MAHA will be considered for this scholarship.
- Those applying for a scholarship will be notified of the board's decision in a timely manner.

Completed applications for financial aid must be submitted to either the MAHA P.O. Box or placed in a sealed envelope and given to a team representative for submission to the scholarship committee. This committee will consist of the vice president and two other members of Mat-Su Hockey's board of directors. Information submitted is strictly confidential and the scholarship committee will place recommendations for board approval of scholarship recipients and amounts.

Upon approval and receipt of a MAHA scholarship, parents are required to provide a copy of the player's progress reports/report cards for evaluation of school performance on a quarterly basis to the chair of the scholarship committee. These can be placed in a sealed envelope addressed to the scholarship committee and sent in the mail or dropped off in the MAHA box at the Brett Memorial Ice Arena. The chair will notify parents if a need for improvement exists and players will be re-evaluated during the next quarter to ensure that academic improvements are being made. Please ask your player's team manager for opportunities to volunteer and participate in team and association-wide fundraising.





*This is a 3 part form.
All information submitted is confidential and will only be released to the scholarship applicants.*

**PART 1
PLAYER
INFORMATION**

Application Form for Hockey Scholarships

Player Name: _____

Age Division: _____

Mailing Address: _____

City: _____ Zip: _____

Contact Phone

Home: _____

Cell/Message: _____

Work: _____

Number of years playing hockey: _____

Name of last hockey association: _____

Number of dependents in household: _____

Number of dependents playing hockey at MAHA: _____

Number of dependents participating in hockey: _____

To what other hockey associations does your family belong: _____

Have you ever received a MAHA Scholarship: _____

If yes, during what season: _____

Do you qualify for reduced school lunches: _____

Do you qualify for Denali Kid Care or Medicaid: _____

**PART 2
FAMILY
INFORMATION**

Primary Earner

Name: _____

Relationship to player: Parent Guardian Other

Mailing Address: _____

City: _____ Zip: _____

Are you a single parent with sole custody of your child: _____

Phone Home: _____ Work: _____ Cell/Message: _____

Occupation: _____

Employer: _____





Secondary Earner

Name: _____

Relationship to player: Parent Guardian Other

Mailing Address: _____

City: _____ Zip: _____

Phone Home: _____ Work: _____ Cell/Message: _____

Occupation: _____

Employer: _____

Primary Earner Income:

How much did you as the primary earner receive from working in 2006: \$ _____

1. Net Monthly Household Income (including all adults in household) \$ _____

2. What were your exemptions for 2007 (line 6d on IRS Form 1040 and 1040A) \$ _____

3. What was you're your adjusted gross income for 2007: (line 37 on IRS Form 1040, line 21 on Form 1040A, or line 4 on Form 1040EZ) \$ _____

4. What was your taxable income for 2007: (line 43 on IRS Form 1040, line 27 on form 1040A, or line 6 on Form 1040EZ) \$ _____

If you are receiving public assistance, please list types and amounts:

Assistance type: _____ Amount: \$ _____

Assistance type: _____ Amount: \$ _____

Are you receiving child support: Yes No

If yes, list amount: \$ _____

I hereby state that all the supplied information is true and correct. I understand that any discrepancies found may result in the termination of financial aid and I will be responsible for full remittance of the aid amount granted. I understand that it is my responsibility to provide proof of academic performance and that my player's team manager will be asked about volunteer participation of the recipient family to continue to receive financial aid.

Signature: _____ Date: _____

PLEASE ATTACH ANY SUPPORTING DOCUMENTS, ONE LETTER OF RECOMMENDATION FROM A NON-FAMILY MEMBER SUCH AS A TEACHER AND ANY OTHER ADDITIONAL INFORMATION.

***PART 3
FINANCIAL
INFORMATION***

