



APPLICATION FOR Casco Bay Youth Hockey SCHOLARSHIP (Due 10/15)

Morning Hockey Club
Attn: GerryNadeau
70 Center St
Portland, ME 04101

DATE _____

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS CITY STATE ZIP CODE

BIRTH DATE SOCIAL SECURITY # HOME PHONE NUMBER

FATHER'S NAME OCCUPATION EMPLOYER ANNUAL INCOME (required)

MOTHER'S NAME OCCUPATION EMPLOYER ANNUAL INCOME (required)

NUMBER OF SISTERS: AGES: NUMBER IN COLLEGE: NUMBER AT HOME:

NUMBER OF BROTHERS: AGES: NUMBER IN COLLEGE: NUMBER AT HOME:

DO YOUR PARENTS PROVIDE SUPPORT FOR ANYONE OTHER THAN YOURSELF, YOUR BROTHERS AND SISTERS?
(Please circle) YES NO
IF YES, DESCRIBE

PLEASE LIST THE FOLLOWING INFORMATION REGARDING YOUR HOCKEY EXPERIENCE:

HOW MANY YEARS HAVE YOU PLAYED HOCKEY?

AT WHAT CLASSIFICATION AND LEVEL DID YOU PLAY: (Please circle all that apply)

BOYS: **MITES** **SQUIRTS** A B **PEE WEE** A B **BANTAM** A B Travel

GIRLS: **MITES** **SQUIRTS** A B **PEE WEE** A B **BANTAM** A B Travel

Please explain why you think the MHC Board of Directors should select you to be a Scholarship recipient. Please include any special personal circumstances and the amount you are requesting.

The Morning Hockey Club is committed to providing the opportunity for young athletes to participate in youth hockey at all levels. Our endowment scholarship program has been designed to provide annual funds to be awarded to help ease the financial obligations of playing. Scholarships may be awarded to an applicant who fills out the following form and provides the required information. All applications and information collected will be kept strictly confidential and will only be used for the determination of recipients.

Please print clearly the following information. If the form is incomplete, inaccurate, illegible, or not signed, it will not be considered. Please email completed forms to gnadeau@filler.com or turn in completed applications to your age level Board representative on or before the deadline. The awarded Scholarship amounts will vary from year to year. No guarantee of financial assistance is implied by the completion of this application. Awarded scholarships may vary depending on availability of funds and individual circumstances.

I hereby certify that everything I have stated in this application is correct and to the best of my knowledge. I understand that the WYHA will retain this application and all additional documents submitted as part of this application. I understand that should any information submitted be found to be a deliberate misrepresentation, it may disqualify me for the Scholarship.

Parent / Guardian Signature

Date