



4.0 PARENT SECTION TO COMPLETE – PLEASE ATTACH ADDITIONAL PAGES IF NEEDED

What are the reasons for requesting these funds? Please note any extenuating financial conditions (medical, job loss, unusual expenses, etc.) or significant family expenses.

5.0 DISCLAIMER AND SIGNATURES

By signing below, we are stating that the information outlined above is accurate, and that the amount of scholarship funds we are requesting is necessary in order for applicant to be able to participate in youth hockey as part of the Arkansas Hockey Association. We realize that funds for financial assistance are very limited and that receiving the full amount of funds requested is not guaranteed. In order to receive scholarship awards, participants must be committed their youth hockey team, which means the applicant must attend practices and games, be respectful to their coaches, teammates, and officials, as well as complete the program without disciplinary problems. Should the participant demonstrate a lack of commitment to the program or be removed from the team for disciplinary problems, the player must reimburse the Arkansas Hockey Association for the amount of the scholarship award.

Player Signature:		Date:	
Parent Signature:		Date:	

6.0 FOR AHA USE ONLY

Date Received:		All Requested Information Provided?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Reviewed by Scholarship Committee:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Recommended by Scholarship Committee:	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Board Review Date:		Board Majority Approval:	Yes <input type="checkbox"/> No <input type="checkbox"/>	Scholarship Award: \$