

## **Charleston Youth Hockey Association**

### **Full Travel Program**

## **Scholarship Guidelines and Application**

### **2018-2019 Season**

**To be considered for a scholarship, the application must be completed in its entirety and submitted to the Association for consideration on or before 5:00 p.m. on**

**8/14/18**

**INCOMPLETE APPLICATIONS OR FAILURE TO SUBMIT REQUESTED PAPERWORK WILL RESULT IN APPLICATION BEING REJECTED AND NOT CONSIDERED.**

**PLEASE NOTE: If you have an outstanding balance from the 2017-2018 season, you are not eligible for a scholarship for the 2018-2019 season.**

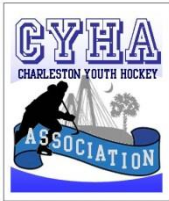
## **Charleston Youth Hockey Association Scholarship Fund**

The Charleston Youth Hockey Association (CYHA) has an established scholarship fund to help offset the program season fees for families in need of help. This program is funded primarily from proceeds of the CYHA's fundraising efforts along with private donations. Scholarship funds are awarded based on financial need, parent/player involvement and volunteer efforts. Participants that have a legitimate need for financial assistance who may qualify are welcome to apply for help. Please read our scholarship guidelines carefully.

To be considered, the application must be completed in its entirety and submitted, along with any requested supporting information, to the Association no later than 5:00 p.m. on August 14, 2018. **Late applications will not be considered.** If you are applying for a scholarship, it is **YOUR** responsibility to make sure your application is complete and turned in to the Association before the deadline. **No request will be considered without a completed application submitted to the Association. Failure to supply requested information that is verifiable, will result in application being rejected for consideration.**

### **Charleston Youth Hockey Association Full Travel Program Scholarship Guidelines**

1. Scholarship awards will be dependent upon the financial status of the account used to fund the CHYA scholarship fund.
2. Approved scholarships will be awarded in varying amounts, dependent on need and other scholarship criteria, **with a maximum amount of \$1,500 awarded for.**
3. Scholarships applications will be considered for participants in any CYHA governed program. Each program has its own application and the proper application must be submitted to the intended program.
4. Scholarships will be awarded on an objective and nondiscriminatory basis.
5. The CYHA Board of Directors will review all applications for scholarships and will notify applicants as quickly as possible once a decision has been made.
6. **In the event a participant who has been awarded scholarship funds leaves their team and/or the CYHA during the season, 100% of the scholarship award must be refunded to the CYHA in order to remain in good standing with the CYHA and USA Hockey.**
7. **Scholarships are applied to a participant's balance as the final payments. Participants must make all remaining payments as agreed upon in the posted payment schedule or in their payment agreement signed in advance of the season start. Not remaining current and in good standing with the CYHA for remaining balances, could result in revocation of awarded scholarship, at the discretion of the Board of Directors.**
8. A complete application, with all supporting documents, must be submitted to the CYHA no later than 5:00 p.m. on August 14, 2018. No late applications will be considered. A complete application consists of:
  - a. Personal Data sheet (to include employment & financial data)
  - b. Academic Information
  - c. Extracurricular and Community activities
  - d. Letter of recommendation from current or most recent head coach



**CHARLESTON YOUTH HOCKEY ASSOCIATION**  
**FULL TRAVEL PROGRAM SCHOLARSHIP APPLICATION**

**Deadline to submit is August 14, 2018**

The Charleston Youth Hockey Association is making a limited number of scholarship opportunities available to players who might otherwise not be able to participate in our Full Travel program. Selection of applicants for this financial assistance is based on financial need, academic performance in school and involvement in school and community activities. All information required must be provided before any application can be considered. Applicants who meet the preliminary review process are encouraged to contribute volunteer hours within the Association.

**PERSONAL DATA**

Player's Name: \_\_\_\_\_ Player's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent's Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail Address: (home) \_\_\_\_\_ (work) \_\_\_\_\_

**EMPLOYMENT & FINANCIAL DATA**

Father's Employer: \_\_\_\_\_

Salary/Income: \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ yearly

Mother's Employer: \_\_\_\_\_

Salary/Income: \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ yearly

***Please list any other sources and amounts of income:***

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

Amount: \_\_\_\_\_ Source: \_\_\_\_\_

*Please describe any major changes in income or unusual expenses in the last two years:*

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*Please attach copies of the following documents:*

1. Most recent paycheck stub, or current balance sheet and income statement of business if self-employed

### **ACADEMIC INFORMATION**

Name of School Attended Last School Year: \_\_\_\_\_

Grade player completed last year: \_\_\_\_\_ Homeroom/Advisory Teacher: \_\_\_\_\_

List and describe any academic honors: \_\_\_\_\_

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*Please attach copies of the following documents:*

1. Final transcript or report card from last academic year (2018 School year)

### **EXTRACURRICULAR AND COMMUNITY ACTIVITIES**

Please list and describe player's extracurricular or community activities in the last two (2) years:

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## **OTHER DOCUMENTATION**

*Please attach letters of recommendation from:*

1. A previous hockey coach (or if no prior hockey coach, a coach in some other sport)

## **OTHER CONSIDERATIONS**

Please describe any other circumstance or aspect of your situation that you think should be brought to the attention of the CYHA in considering your application (*attach extra sheet if necessary*):

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***Completed application must be submitted to the CYHA President or mailed to be received by August 14, 2018.***

**Mail completed Application to:**

Charleston Youth Hockey Association  
Attention: Terri Mills  
c/o Carolina Ice Palace  
7665 Northwoods Blvd.  
North Charleston, SC 29406

By my signature below, I agree to the terms of any scholarship amount awarded. I agree to pay any balances not covered by any scholarship awarded in the agreed upon manner.

I understand that any scholarship amount awarded is applied to the appropriate participant's account at the end of scheduled payments. I also understand that all payments will need to be paid in full before any awarded amount is applied to the account. Failure to pay these balances can result in revocation of any awarded scholarship amounts, at the discretion of the current Board of Directors.

I also certify that all information submitted with this application is complete and correct to the best of my knowledge. Failure to submit complete information or to misrepresent information on this application can result in revocation of any awarded amount, at the discretion of the current Board of Directors.

Application Submitted by: \_\_\_\_\_  
(please print legibly)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR CYHA USE ONLY:**

Scholarship Awarded:  Yes  No

If yes, amount awarded: \_\_\_\_\_

**Notes/Stipulations:**

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