



Lehigh Valley Phantoms Youth Financial Aid/Scholarship Application Application Deadline May 1st

Lehigh Valley Phantoms Youth 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 for the Lehigh Valley Phantoms Youth.

- Scholarship applicants must prove a financial need by completing the LV Phantoms Youth scholarship request form
 - Include one letter of recommendation from non-family members such as a previous school teacher, etc.
- Depending on scholarship funding and individual needs, scholarship recipients may qualify for assistance with season fees.

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

- Maintain good academic attendance and passing grades
- Participate in all LV Phantoms Youth community service projects
- Families awarded scholarships will be expected to volunteer in club activities
- Failure to fulfill these obligations or having an outstanding account balance of 30 days past due will result in withdrawal of scholarship funding and will exclude eligibility for any additional LV Phantoms Youth scholarships in the future

An application for each player being registered must be completed. Please complete the attached two-page form, provide one letter of recommendation, and include a copy of your most recent tax return.

- 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 the LV Phantoms Youth 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 and required documentation must be submitted to:

LV Phantoms Youth
P.O. Box 1174
Bethlehem, PA 18016

Applications will be reviewed by the Executive Board. Information submitted is strictly confidential. Any personal financial information presented by you in this scholarship application, or personal financial information provided by you through the application process will be held in strictest confidence and will only be used for the purpose of the administration and assessment of your scholarship application.

Upon approval and receipt of a LV Phantoms Youth 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 Executive Board. These can be placed in a sealed envelope addressed to the Treasurer and mailed to: LV Phantoms Youth PO Box 1174, Bethlehem, PA 18016 The Treasurer 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 Team Manager and the VP of External Affairs for opportunities to volunteer and participate in team and association-wide fundraising.

Application Form(Must be submitted by **May 1st**)

Player Information

Player Name: _____ Age: _____

Address: _____

_____ City: _____ State: _____

Zip: _____ Contact Phone Home: _____

Player level: Mite Squirt PeeWee Bantam Midget Girls
Cell: _____

Years playing for LV Phantoms Youth: _____ Previous season level: _____

Number of years playing hockey: _____

Name of last hockey association: _____

(If not LV Phantoms Youth)

Parent/Guardian Information

(If separate households, please provide information for both)

Primary Earner

Name: _____

Relationship to player: Parent / Guardian / Other _____

Address: (if different from player) _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email address: _____

Occupation: _____

Employer: _____

Annual Gross Income: _____

Secondary Earner

Name: _____

Relationship to player: Parent / Guardian / Other _____

Address: (if different from player) _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email address: _____

Occupation: _____

Employer: _____

Annual Gross Income: _____

Personal Information

Number of dependents playing hockey for LV Phantoms Youth: _____

Number of dependents participating in hockey: _____

To what other hockey associations does your family belong: _____

Have you ever received a LV Phantoms Youth Scholarship: Yes No

If yes, during what season: _____

Amount of scholarship you feel you need this season: _____

Please explain any recent or expected changes in income or financial situation:

YOU MUST ATTACH A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN in order for your scholarship application to be considered. If there are two parents in the child's life we must have an income tax return from both parents, or a joint return.
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 and VP of External Affairs will be asked about volunteer participation of the recipient family to continue to receive financial aid. I also understand and agree that any awards granted through this program are to be kept private and that if either parent is found to be in violation of this privacy agreement, monies will be revoked and season fees will be due in full at that time.

Signature: _____ Date: _____

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.