

Anchorage Hockey Association
Scholarship Program Application for Recreational Players
Financial Assistance for 2025-26 Season
Must be received by October 1, 2025

AHA receives no government grants and does not have a corporate sponsor for scholarships for 2025-2026; therefore, scholarship funding is very limited. We do not anticipate that any scholarship funds will be available for families with household incomes greater than \$50,000.

Financial Assistance awarded through this program will be in the form of fee waivers for up to 50% of the player's registration fee. Some awards may be for less than 50% of the player's fees. AHA Scholarship funds will not be available to cover any portions of the additional fees for players participating with the Comets Rec A teams.

Please attach the completed Scholarship Application to the AHA Registration Forms for the children for whom the scholarship is requested. If applying for assistance for more than one player from the same household, please complete a separate "Part 1 – Player Information" form for each child and include with the application. You only need to submit one copy of Part 2 and Part 3 for your household.

IMPORTANT: Return the completed application (including a copy of IRS 1040 for 2024 or other proof of income) and a **down payment of the registration fee by October 1st, 2025 to the address listed below. Incomplete applications will not be considered. Parents/Guardians of players applying for a scholarship will be notified of the AHA Board's decision by October 10, 2025.**

Anchorage Hockey Association
P.O. Box 202069
Anchorage, AK 99520-2069

Or e-mail to lhiggins@anchoragehockey.com

Part 1 - Player Information

All information submitted is confidential and will only be made available to the AHA Scholarship Review Committee .

Name of Player: _____

Player's Date of Birth (mm/dd/yy): _____

AHA Division for 2025-26 (circle):

- | | | | | |
|-------------|------------|-------------|-------------|-------------|
| LTS | LTP | U6-Blue | 8U Mites | 10U Squirts |
| 12U Peewees | 14UBantams | 16U Midgets | 18U Midgets | |
| 10U Girls | 12U Girls | 14U Girls | 16U Girls | 19U Girls |

Number of Adults in Household: _____

Number of Children in Household: _____

List other Children in the Household participating in AHA hockey for 2025-26:

List other Household Occupants participating in hockey outside of AHA and name of Association (South Anchorage, All Stars, etc.):

Use this space to provide any additional information you would like AHA's Scholarship Committee to have available when reviewing this application:

Part 2 - Parent/Guardian Information

Parent or Guardian #1:

Name: _____

Relationship to player: Parent Guardian Other _____

Address: _____

City: _____ Zip Code: _____

Marital Status: (circle one):

Single Married Divorced Widowed Separated

Home Phone: _____ Work: _____

Employer: _____

Occupation: _____

Parent or Guardian #2 – or other adult in household:

Name: _____

Relationship to player: Parent Guardian Other _____

Address: _____

City: _____ Zip Code: _____

Marital Status: (circle one):

Single Married Divorced Widowed Separated

Home Phone: _____ Work: _____

Employer: _____

Occupation: _____

Part 3 - Financial Information

In order to receive financial assistance, verification of income must be provided. Please attach a copy of IRS Form 1040 for 2024, and/or recent verification of public assistance.

Net Monthly Household Income \$ _____
(include all adults residing in Household)

Number of dependents for 2024 _____

What was your Adjusted Gross Income for 2024? \$ _____
(line 11 on IRS Form 1040)

What was your Taxable Income for 2024? \$ _____
(line 15 on Form 1040)

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 so, how much per month? \$ _____

I hereby state that all the supplied information is true and correct and 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.

Signature: _____

Date: _____

Attach 2024 IRS Form 1040 or other income verification.