

Burlington Amateur Hockey Association

Scholarship Application



The Burlington Amateur Hockey Association (BAHA) offers a scholarship program to benefit BAHA hockey players and their families who are in need of financial assistance. Scholarships are made available through fundraising activities and therefore the funds are limited. Only applications that identify a clear need will be considered. A BAHA scholarship will cover up to 50% of a player's registration fees.

All information in this application is considered confidential and will remain anonymous with the exception of the BAHA treasurer.

Application Date: _____

Scholarship Season: _____

PERSONAL INFORMATION:

Player Name: _____

Age: _____ Date of Birth: _____ USA Hockey Number: _____

Hockey Division (please circle): House 8U 10U 12U 14U

Parent or Guardian Name(s): _____

Address: _____

Phone: _____ Email: _____

Are you applying for scholarships for more than one player? Yes No

If yes, please list names of applicants and programs: _____

Is the player new to the BAHA organization? Yes No

Has the applicant received a BAHA scholarship in prior years? Yes No

ANNUAL INCOME VERIFICATION:

Annual household income:

___ \$20,000 or less ___ \$60,000 - \$80,000

___ \$20,000 - \$40,000 ___ \$80,000 - \$100,000

___ \$40,000 - \$60,000 ___ \$100,000 or more

Prior year tax returns or current pay stubs may be requested for income verification.

STATEMENT OF NEED:

Please explain the financial need of the applicant below. Please be specific as you can.

Please explain how the applicant intends to volunteer in the BAHA organization.

Additional information: please include any additional details that may be relevant to the application.

I certify that all of the information contained in this application is true and correct to the best of my knowledge and ability.

Applicant Signature

Date

All completed applications should be submitted directly to BAHATreasurer1@gmail.com.