



FINANCIAL AID / SCHOLARSHIP APPLICATION

Player Information (If multiple children in one family, please complete relevant parts of multiple application forms)				
Name			Date of Birth	
Home Address			City	
State	Zip		Player's Home Phone	
Previous Season Association and Team				
Previous Season Division (Squirt, Peewee, etc.)				
Previous Season Level			<input type="checkbox"/> None <input type="checkbox"/> House <input type="checkbox"/> Dev <input type="checkbox"/> Rep	
Number of years playing for WWFHA				
Anticipated WWFHA team for this coming season			<input type="checkbox"/> 8U <input type="checkbox"/> 10U <input type="checkbox"/> 12U House <input type="checkbox"/> 12U Rep <input type="checkbox"/> 14U Rep <input type="checkbox"/> U19 Rep Tier3 <input type="checkbox"/> 19U Rep Tier2	
Has player registered with WWFHA for the previous season?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is player a current member of USA Hockey?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parent Information (If separate households, please provide contact information for both)				
Parent/Guardian 1 Name				
Address (if different from child)				
State	Zip		City	
Phone			Alternate Phone	
E-mail address				
Is parent/guardian 1 employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where?
Parent/Guardian 2 Name				
Address (if different from child)				
State	Zip		City	
Phone			Alternate Phone	
E-mail address				
Is parent/guardian 2 employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, where?
Personal Financial Information				
Has this player received a scholarship previously?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, from where?		Amount?	\$	
Amount of scholarship you feel you need for this season?		<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%		
Parent/Guardian 1's annual gross income during the last 12 months?		\$		
Parent/Guardian 2's annual gross income during the last 12 months?		\$		
Please explain any recent or expected changes in income or financial situation.				



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YOU MUST ATTACH A COPY OF YOUR FEDERAL INCOME TAX RETURN for your financial aid / scholarship application to be considered. If there are two parents in the child's life, we must have an income tax return from each parent or a joint return.

Privacy Statement

Western Washington Female Hockey Association is committed to protecting your privacy. Any personal financial information presented by you in this financial aid / scholarship 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.

Financial Aid / Scholarships Application Requirements

Please complete the following requirements and questions and include with application.

1. Financial aid / scholarship recipients are required to actively volunteer for WWFHA projects. Parent(s) agree(s) to volunteer for WWFHA events where volunteers are needed.
2. Will you require any assistance beyond financial aid to facilitate your child's full participation in WWFHA's hockey program, such as car pool, equipment, etc.? If so, please list the required assistance:

3. Please list how you actively volunteered with WWFHA in the past or what volunteer position you held with your child's team in the past:

Financial Aid / Scholarship Conditions

The following conditions apply:

1. Player, Parent and/or Guardian must remain members in good standing. Further aid will be denied if member does not remain in good standing.
2. To guard against abuse of the financial aid / scholarship program, WWFHA reserves the right to require all or a portion of financial aid to be paid back to WWFHA. Return of financial aid may be required, based on the following grounds:
 - Applicant is not forthright regarding need, or has made a false or deliberately misleading statement on their application.
 - Assistance request is determined for budgetary convenience, not hardship.
 - If a recipient chooses to leave WWFHA for another local hockey association (Greater Seattle/Tacoma area). In such an event, recipient agrees to repay all financial aid / scholarship monies prior to issuance of a release from WWFHA.



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Signature of Agreement			
Parent/Guardian 1 Name			
Signature		Date	
Parent/Guardian 2 Name			
Signature		Date	

Please email completed application and attachments to:

Western Washington Female Hockey Association
Attention: Carrie Seaberg - Treasurer
Email: treasurer@wwfha.com

For Office Use Only	
Date application received	
Date application reviewed	
Application Status	
Granted	<input type="checkbox"/> 25% <input type="checkbox"/> 50% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
Denied (reason)	
Applicant follow up date	
Scholarship Committee Member	