

Menomonie Youth Hockey Association

Scholarship Application

DUE OCTOBER 1st

Skater 1 name _____ Level _____

Skater 2 name _____ Level _____

Skater 3 name _____ Level _____

Parents'/Guardians' Name(s) _____

Address _____

Email _____

Phone _____

MYHA requires families receiving scholarships to complete regularly scheduled assessment hours plus an additional 5 hours per scholarship awarded. There is not a buy-out option for scholarship recipients. Please refer to the Scholarship Policy located on our website for more details.

Scholarships are awarded based on the following criteria:

Current membership status

Availability of funds

Financial need of parent(s)/guardian(s) and child applicant

Academic record of child applicant or letter of recommendation from school official

Special circumstances of parent(s)/guardians of child applicant

Number of years with the association

Have you applied and been approved for the Free and Reduced School Meal program from the Department of Education for the current school year? YES ____ NO ____

Did your skater participate in summer hockey camps and/or "pay to play" hockey this off season? If yes, please provide the cost of the camps and/or teams and if there was any outside financial assistance to help with the costs. _____

Please provide an explanation of why assistance is needed. Provide as much information as necessary. Attach additional paper as needed.