

Capital City Youth Hockey Association (CCYHA) / Columbia Cyclones Hockey
SCHOLARSHIP APPLICATION FORM

PLAYER INFORMATION (ONE APPLICATION PER PLAYER)

Child Applicant Name:		Years with CCYHA:	
Male	Female	Age:	Grade in School: Hockey Level:
School Name:		Average Grade:	
Home Address:			
Home Phone:	Cell Phone:	Email:	

PARENT INFORMATION

Mother or Legal Guardian Name:		Cell Phone	
Employer:	Work Phone:	Years There:	
Father or Legal Guardian Name:		Cell Phone	
Employer:	Work Phone:	Years There:	
Gross Annual Income: \$	Receiving Any Government Assistance? (Please specify)		

REFERENCES (NOT RELATIVES)

1. Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:		
Relationship:		Years Known	
2. Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:		
Relationship:		Years Known	

OTHER CHILDREN IN THE HOUSEHOLD

Child Name:	Age:	Plays Hockey:
Child Name:	Age:	Plays Hockey:
Child Name:	Age:	Plays Hockey:

EXPLAIN YOUR SPECIAL CIRCUMSTANCE & WHY YOU SHOULD BE SELECTED (use separate sheet if necessary)

AGREEMENT

CCYHA Scholarships are considered and granted based on the following criteria

- Availability of funds
- Financial need of parent(s) and child applicant
- Academic record of child applicant
- Special Personal Circumstances
- Number of Years with the CCYHA organization
- No Outstanding Balance from Previous Years

The CCYHA Scholarship program in accordance with the CCYHA mission is designed to provide an affordable, high quality hockey experience to those who have a financial need. This program is not meant to be a handout but rather a financial assistance program made available to those who meet the qualifying criteria and are committed to the organization.

SIGNATURES

Name: _____	Date: _____
Name: _____	Date: _____