

# Steamboat Springs Youth Hockey Association Scholarship Policy

- I. Committee Make-Up and Responsibilities
  - A. The scholarship committee shall consist of the President, Vice President and Treasurer.
  - B. The scholarship committee solely shall be responsible for reviewing every scholarship application and allocating available scholarship funds.
  
- II. Program Scholarship Applications
  - A. **Scholarship Application Deadline is September 17, 2010.** Funds will be awarded by October 11th, 2010.
  - B. Completed scholarship application, a copy of the previous years' Federal 1040 tax return from both parents, player's most recent report card, and a personal financial statement form must be returned to the committee **before September 17, 2010.**
  - C. 1/3 of all program fees for highest level registered and SSYHA work deposit must be paid in full before a scholarship application will be considered.
  - D. Confidentiality of submitted information is guaranteed.
  
- III. Eligibility Requirements for Scholarships Applicants
  - A. This program is open to any eligible SSYHA player.
  - B. Must demonstrate financial need as well as desire to participate.
  - C. If granted a scholarship, applicant must work off 100% of work deposit in current year.
  - D. Must be willing to conduct one's self in an exemplary manner consistent with the ideals, rules and standards of SSYHA.
  
- IV. Scholarship Funds and their distribution
  - A. If awarded a scholarship, the money is applied to the player's account.
  - B. Academic and athletic merit, in addition to the above, shall be a consideration.

# SSYHA Application for Financial Assistance

## ALL INFORMATION IS CONFIDENTIAL

Work Deposit and 1/3 of program fees MUST be paid BEFORE this application will be considered.

Applications are due by September 17, 2010

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Birth Year: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_  
Group/Level (i.e. Squirt B): \_\_\_\_\_ Years in SSYHA: \_\_\_\_\_

Parents/Guardians Names: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_  
Mother's Employer: \_\_\_\_\_ Father's Employer: \_\_\_\_\_

Scholarship funds must be raised each year in order to cover the costs of program fees. We must have your full support in fundraising, as a volunteer, in order to make scholarship funds available to you. Did you participate in the 2010 Rockies Raffle? If not, please explain.

Please answer the following questions:

Did you work off your work deposit last year? \_\_\_\_ Yes \_\_\_\_ No

If not please explain:

Did you receive a SSYHA scholarship for the 09-10 season? \_\_\_\_ Yes \_\_\_\_ No

If yes, indicate amount: \_\_\_\_\_ If No, did you apply for one? \_\_\_\_\_

If a single parent, will both parents be sharing the cost of the player's expenses? \_\_\_\_\_

Are you receiving child support from any source for the player? \_\_\_\_\_

Are you receiving monetary support from any source for the player's activities? \_\_\_\_\_

If yes, please explain:

Please list the names of each person and/or entity who will be providing financial support to the player:

Did this player attend any summer/off-season hockey camp(s) in 2010? \_\_\_\_\_

Which one(s)? \_\_\_\_\_

Does your child receive financial assistance for school tuition? \_\_\_\_ yes \_\_\_\_ no

If so, what percentage of tuition is received through financial aid? \_\_\_\_\_

If you are denied financial assistance, will this absolutely prohibit your child from playing hockey this next season?

Is this player involved in any other sports or activities during the duration of the hockey season?  
Please list: This includes school sanctioned sports as well as community programs.

Why do you feel your child should be awarded financial assistance?

Additional conditions that affect your financial position and that you feel the committee should be aware of that are pertinent to your situation.

I hereby certify that all the above information is true and correct and acknowledge that failure to complete this entire application and/or submitting false information may disqualify my child from financial assistance. I also acknowledge that I have received and read a copy of the Scholarship Policy and agree to adhere to its provisions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

SEND THIS FORM, A COPY OF YOUR CHILD'S MOST RECENT REPORT CARD, YOUR COMPLETED SSYHA FINANCIAL STATEMENT AND A COPY OF THE PARENTS' COMBINED OR TWO INDIVIDUAL 2009 FEDERAL INCOME TAX FORM(S) 1040-BOTH SIDES.

SSYHA- Scholarship Committee  
P.O. Box 776010  
Steamboat Springs, CO 80477

# SSYHA Financial Statement

Player: \_\_\_\_\_

Parent(s)/Guardian(s): \_\_\_\_\_

## ASSETS:

cash (bank name, acct. #, amount)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

real estate owned  
(description, market value)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

vehicles (make, model, year, value)  
Include RV's, boats, motorcycles etc...

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

stocks/bonds \_\_\_\_\_

mutual funds \_\_\_\_\_

other specify \_\_\_\_\_

TOTAL ASSETS: \_\_\_\_\_

## LIABILITIES:

amt owed monthly pmt

mortgage \_\_\_\_\_

rent \_\_\_\_\_

vehicles \_\_\_\_\_

credit cards \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

other specify: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL LIABILITIES: \_\_\_\_\_

Everything that I have stated in this financial statement is correct to the best of my knowledge.

\_\_\_\_\_  
Parent Signature date

\_\_\_\_\_  
Parent Signature date