

**SOMERVILLE YOUTH HOCKEY ASSOCIATION**

Full and Partial Scholarship Request Form

Somerville Youth Hockey Association (SYHA) will not deny any child a chance to play hockey due to financial hardship. Full or partial scholarships are available based on need and available funding. Complete and return this form and the required information for consideration to SYHA, Attention: Youth Hockey President (email [president@somervillyouthhockey.org](mailto:president@somervillyouthhockey.org) or PO Box 440506, Somerville MA 02144).

**SCHOLARSHIP ELIGIBILITY REQUIREMENTS**

To be eligible for a full and/or partial scholarship, you must provide SYHA the following:

- An explanation of the financial hardship (please explain in the FINANCIAL HARDSHIP EXPLANATION section).
- A copy of an approved Free and Reduced Price Schools Meals Application by the local school or other form of need may also be requested.
- Note: no player who plays on multiple teams (club, select or otherwise) will be eligible for aid from SYHA unless they provide proof of full financial aid from other team(s).

Please note that submission of an application does not automatically suggest approval. Applications must be received no later than **September 15** of any seasonal year. Any scholarship decisions will be made within 7 business days of receipt and will be communicated in writing to the parent or guardian requesting aid.

**CONTACT INFORMATION**

Legal Guardian's Last Name	Legal Guardian's First Name	Player	How much can you afford to pay ?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Home Address	City	State	Zip

Daytime Phone	Evening Phone	Mobile Phone	E-mail Address

**FINANCIAL HARDSHIP EXPLANATION**

I/We, as the Parent or Legal Guardian of the player(s) named above, attest to the truth for the above information to the best of My/Our knowledge.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

**FOR SYHA USE ONLY**

Date Reviewed:

<input type="checkbox"/> Full Scholarship Granted Amount: \$	<input type="checkbox"/> Partial Scholarship Granted Amount: \$	<input type="checkbox"/> Request Denied: Reason
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Terms and Conditions:

- The scholarship covers tuition (full or partial) for the current season and is not a guarantee of financial aid for future seasons.
- The player's family is responsible for USA Hockey registration fees, renewed annually.
- The player and family are responsible for and expected to participate in any SYHA fundraising, including but not limited to canning, candy sales and other activities.
- The parent(s) or legal guardian(s) agree to repay SYHA via volunteer efforts (to be determined annually) such as acting as team parent rep, supervising canning, working at fundraising events and other such duties as requested.
- All registration and additional paperwork as requested by the organization must be completed in full and submitted in a timely fashion.
- In lieu of scholarship or aid, the player's family may request an extended payment plan that will be documented on this form and all other terms and conditions apply.
- As there are limited scholarship and aid funds, any request for scholarship received after the deadline will be given careful consideration, but may be denied or pro-rated based on need and/or available funds.

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