



ARIZONA HOCKEY CLUBS
PO BOX 93367
Phoenix, AZ 85070

Dear Scholarship Applicant,

Please find the enclosed application for the Arizona Hockey Club (AHC) Travel Hockey Association's Scholarship Fund. The Arizona Hockey Clubs includes the Arizona Hockey Union, Phoenix Polar Bears and the Arizona Heat associations. We recognize the need for financial assistance under certain circumstances. Scholarships are made available through available funds obtained through AHC fundraising activities. The criterion to obtain financial assistance includes: substantive financial need, positive membership standing within the Association, and a solid commitment to the AHC. The goal of the scholarship program is to provide financial support to those players who might otherwise be unable to participate. We have a consistent and fair system to assess financial need, and base the process on that used to obtain college financial aid. A limited number of scholarships are available to finance a portion of the contract fees for players on an AHC travel team. Team account payments, travel and equipment expenses are not funded by this program.

The scholarship application is available for any member in good standing with the AHC will be presented to AHC Scholarship Committee. All information provided is kept confidential within the AHC Board of Directors. The player's legal guardian will submit the following documentation in order for a player to be considered for a scholarship:

- Scholarship Application
- Most recent income tax return
- Letter of explanation, including:
 - Financial need of scholarship
 - Intention of volunteer commitment
 - Extraordinary personal circumstances

Failure to submit all requested information could affect the committee's ability to grant support. All information will be kept strictly confidential. The scholarship committee will keep all documentation submitted; so do not send original documents, please send copies.

Terms and Conditions: If a scholarship is granted, the family is required to volunteer 1 hour of service for every \$50 of financial assistance. They will further be required to agree not to compete for 1 year if they leave an Arizona Hockey Club association. The volunteer hours will be tracked throughout the season and must be completed by February 28th of that hockey season. If the hours are not performed or the player leaves for another association the following year, the scholarship amount must be repaid to the AHC.

You will be notified when the AHC Scholarship Committee has made a decision based on the information provided. A signed contract with deposit payment must be received for consideration of scholarship.

Please deliver the application and required information to your association President or mail to their attention at: PO Box 93367, Phoenix, AZ 85070. Deadline for 2010-2011 season applications is August 1, 2010.

Thank You



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Scholarship Application form

Player Name: _____ Team: _____
 Address: _____ City: _____ Zip _____
 Parent's Names _____ Home Phone _____
 Work Phone: _____ Cell Phone _____ Email _____

Please list all Adults in the household. Complete information and documentation must be provided.

Name	Gross Income\$	Additional Income\$	Total Income\$	Filed Federal Tax Return? Y N

Please list all other children in the household

Name	Gender M F	Age	Grade	Plays Hockey Y N	Where

Financial Assets - Additional financial information needed:

Cash, Savings, & Checking Total \$	Net worth of family owned business	Net worth of assets including retirement – 401K, IRA, stocks, bonds accounts. *Do not include family home
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Please attach a copy of your 2009 1040 tax return and W-2s. Only the 1040 or 1040EZ form is required supporting schedules such as itemized deductions are not required.

Special Circumstances: If you have special circumstances that you feel increase your need for financial support, please attach a letter of explanation including specific list of expenses. Examples of special circumstances:

- Unusual medical expenses
- Unusual debts or loss of assets
- Extended family support

I hereby certify that all of the information on this form is true and correct. I understand that the Arizona Hockey Club Scholarship Committee may verify this information. Deliberate misrepresentation may be subject to termination for further financial assistance. I understand that any financial assistance is granted through a committee decision process. I understand that there are conditions and requirements for continued financial support, and that support may be terminated if conditions are not met. I understand that the Arizona Hockey Club scholarships are awarded seasonally, and that I must apply seasonally for scholarship opportunities.

Parent's Name: _____ Date: _____

Parent's Signature: _____