

**WILDCATS YOUTH HOCKEY
Scholarship Application**

PERSONAL AND CONFIDENTIAL
(To be completed by Player's Parent/Guardian)

Parent(s)/Guardian(s) Name(s): _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Address: _____

Player's Name: _____ DOB: _____

Age/Division for 2011-2012 Season: _____

Team/Age/Division played last season: _____

Coach's Name: _____

Years playing hockey: _____ Years in Wichita Falls Hockey: _____

Other Leagues in which Player has participated: _____

Hockey Camps Attended: _____

School Attending 2011-12: _____ Grade: _____

School Activities Player participates in: _____

Other Organizations Player participates in: _____

List Other Children/Dependents – Ages and Sports/Activities in which they participate

Amount of Scholarship Funds Requested: _____

Brief Explanation of Why Scholarship Funds are Being Requested

Parent(s)/Guardian(s) Occupation, Employer, and Status (full/part time)

Gross Household Income 2011: _____

Estimated Gross Household Income 2012: _____

Other Income (i.e. child support, etc.): _____

Personal Reference Affiliated with Wildcats: _____

Reference Contact Phone Number: _____

Personal Reference NOT Affiliated with Wildcats: _____

Reference Contact Phone Number: _____

Are you willing to volunteer your time to assist Wildcats Youth Hockey? Yes No
(If yes, answer next question)

In what capacity/areas? _____

Is Player committed to attending ALL regular practices and team meetings as requested by coaches? Yes No

Participating in the sport of hockey incurs expenses beyond registration fees. If you are granted scholarship funds, can you also commit to the additional expenses required for proper equipment, travel, and fund raising? Yes No

Please be aware that if a player/parent/guardian who receives scholarship funds incurs frequent unexcused absences from practices and/or games, or violates the Code of Conduct, or loses status as a member in good standing with the Wildcats, they will be asked to repay in full all scholarship monies granted to them. Signature below shall indicate full understanding of and agreement to this statement.

Parent/Guardian Signature: _____ Date: _____

Player Signature: _____ Date: _____

For Scholarship Committee Use Only

Scholarship Committee Recommendation: _____

Amount of Funds Approved for Player: _____

Signature of Wildcats Youth Hockey Representative: _____