



Elmira Jackals Youth Hockey Association Financial Scholarship Program

General Information

It is the goal of the Elmira Jackals Youth Hockey (EJYH) Association to provide kids with the opportunity to play hockey, regardless of their family's ability to pay. The intent is to keep kids playing the game of hockey rather than be forced out by financial hardship. Because EJYH recognizes the many levels of need, the Board of Directors or its designated Scholarship Committee shall award financial scholarships based on the amount of funds available and the demonstrated financial need of the applicant.

EJYH realizes that asking for assistance may be difficult for some members. We want to assure you that all information related to the application and disbursements will be kept in the strictest of confidence within the EJYH Scholarship Committee.

Factors for approval will include but are not limited to:

1. Demonstrated financial need.
2. Availability of funds.
3. Completed scholarship application (incomplete forms will not be considered).
4. Volunteer commitment and mandatory participation in any fund raising activities.
5. Player willingness to conduct one's self in an exemplary manner consistent with the ideals, rules and standards of the Elmira Jackals Youth Hockey Association and USA Hockey.

Procedures

The scholarship committee will accept completed forms until October 15th of the upcoming season. Exceptions may be reviewed on a case-by-case basis; however, because there is a limited amount of funding available, we strongly suggest you submit your application prior to the deadline.

Application Checklist:

- Completed Application Form
- Official letter from the State granting either free or reduced meal School Lunch Program (must indicate either free or reduced) **OR** the first page of 1040 tax Form showing adjusted gross income and members of household for both parents (if filing separately).

Mail required documentation to:

EJYH Scholarship Committee
PO Box 174
Horseheads NY 14845

Please write '**Confidential**' on the outside of the mailing envelope.

The EJYH Scholarship Committee will review the applications and will notify you promptly to the email address provided on the application.

All questions and comments regarding the results are to be directed to the President of the Board.



Elmira Jackals Youth Hockey Association Financial Scholarship Application

Player Name _____ Age _____

Player Level (current season) _____ Birth Date _____

Mother/Guardian Information:

Name _____

Address _____

Phone _____

Email _____

Employer _____

Father/Guardian Information:

Name _____

Address _____

Phone _____

Email _____

Employer _____

The above parents/guardians are:

_____ Married to each other

_____ Divorced or legally separated

If divorced or separated, which parent has primary custody?

Will non-custodial parent be sharing any cost of player's expenses?

Number of family members living in household: _____

Has family experienced an unexpected financial hardship? ___ Yes ___ No If yes, please explain:
