LEWISTOWN YOUTH HOCKEY SCHOLARSHIP FORM

TODAY'S DATE: _____

PLAYER'S NAME: _____

PLAYER'S D.O.B.: _____ PHONE #: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TOTAL HOUSEHOLD INCOME

EMPLOYER: _____ EMPLOYER: _____

ANNUAL INCOME: _____ ANNUAL INCOME: _____

OTHER INCOME: _____ OTHER INCOME: _____

(Child Support, Unemployment, Disability, SS, etc.) *(Child Support, Unemployment, Disability, SS, etc.)*

TOTAL HOUSEHOLD INCOME ANNUALLY $_____

MEMBERS OF HOUSEHOLD

NAME	DOB	RELATIONSHIP
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____
_____	___/___/___	_____

- Please complete this form and return it to a LYHO Board Member for consideration. A big part of our Youth Hockey programs relies on parent volunteers, and we typically ask families to donate 20 points (equivalent to 20 hours) of volunteer time each year. **If your player is qualified for a scholarship this season, we ask that you attempt to volunteer extra time on top of the required 20 points** to help our program grow so we can continue providing scholarships in the future. Thank you!

LYHO BOARD USE ONLY

QUALIFIED: YES / NO **SCHOLARSHIP AMOUNT:** $_____ **BOARD MEMBER INITIALS:** _____