



OKLAHOMA CITY YOUTH HOCKEY ASSOCIATION Financial Aid Application

One of the many goals of Oklahoma City Youth Hockey Association (OKCYHA) is to ensure any child with the desire, commitment, and ability to play hockey have the opportunity regardless of financial ability. We offer financial aid in addressing the financial needs of our players through a scholarship fund. Not everyone who applies will be eligible for an award; financial aid awards may only assist with the payment of program fees.

The following are not covered by Financial Aid and must be paid by each player:

- Registration Fee • Team tournament fees
- Reimbursement of travel expenses • Jersey/team wear/team equipment

****There are no exceptions to these requirements!
*Full financial aid scholarships will not be awarded.***

For consideration all information should be completed and submitted to:

Scholarship Coordinator
OKCYHA
P.O. Box 5136
Oklahoma City, OK 73083
Or sent via e-mail to scholarship@okeyouthhockey.com

ALL APPLICATION INFORMATION IS TREATED WITH CONFIDENTIALITY

All applications must be received by the dates outlined in the OKCYHA Financial Aid Request Procedure 2010-2011 document posted on the OKCYHA website.

The following items should be submitted as part of the Application Process:

Mandatory: *(please place a ✓ next to each to indicate complete & attached)*

- _____ 1. Completed Application
- _____ 2. Copy of current tax return
- _____ 3. Other considerations that should be taken into account to assess need (i.e. medical conditions, employment changes, financial situations, dependent care) – see below
- _____ 4. Essay from player addressing how participation in ice hockey has impacted his/her life (see below)
- _____ 5. Copy of player's most recent report card

Each player receiving financial aid must meet and adhere to all guidelines set forth in the player financial aid request procedure, and demonstrate dedication through consistent attendance at team practices and games. Also, it is the responsibility of each family receiving financial aid to reciprocate through active participation in the organization, including volunteering 10 hours to help OKCYHA. Failure to adhere to these guidelines can result in the forfeiture of the financial aid award.

In order to be considered for financial aid, this form must be completed in its entirety along with mandatory information as stated above. *Any application received after the posted deadline may not be considered.*

Financial aid awards are not talent based. Sibling discounts are not automatic, and must be requested by completing the same documents mentioned above. Requests are not automatically approved; applicants will be notified by the Scholarship Coordinator whether approved or denied. Applications are reviewed by the OKCYHA Scholarship Selection Committee for approval or denial.

For any questions regarding the Financial Aid process, please contact the Scholarship Coordinator by email at scholarship@okcyouthhockey.com

See Application Below.

OKCYHA Financial Aid Request Application

Player Name _____ Team _____

Mother's/Guardian's Name _____

Occupation _____ Employer _____

Father's/Guardian's Name _____

Occupation _____ Employer _____

Primary Address _____

City/State/Zip _____

Primary Email Address _____

Home Phone _____ Work Phone _____

Cell Phone #1 _____ Cell Phone #2 _____

Dependent Children (*children living in the home who are under the age of 18*):

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

*Annual Household Income (**Required**) _____

I hereby apply for scholarship to go towards fees for the child/children listed above for the 2010-2011 hockey season. I understand that scholarships are awarded only when funds are available and generally for no more than half of a child's fees. Pending approval of this amount, I will complete the OKCYHA Registration process. I understand that registration and try-out fees are excluded from this scholarship and must be paid prior to consideration of this application.

I understand that this scholarship is available only for the current season. Should my child decide to stop playing during the season for any reason, any unused scholarship funds will be returned to the OKCYHA scholarship account. I further understand that should the Scholarship Committee become aware of any falsified information on this application that any awarded scholarship monies will be forfeited and returned to the OKCYHA scholarship account.

*I understand that applying for financial aid does not automatically grant me financial aid.
I certify that the above information is correct and true to the best of my knowledge*

Signature _____ **Date** _____

-----**COMMITTEE USE ONLY**-----

Control Number: _____

Date Submitted: _____ Date Reviewed by Coordinator: _____

Date Reviewed by Scholarship Selection Committee: _____

_____ Accepted _____ Rejected Total Amount Awarded: \$ _____

Accepted or Rejected upon the following conditions: _____

Other Considerations:

May use the back side of this sheet if needed.

