



• **Cheboygan Hockey Association**
Scholarship Program Guidelines and Application

Purpose: The Cheboygan Hockey Association (CHA) Scholarship program exists to help reduce the financial strain of the costs of participation in the sport of hockey. Scholarships are available to families with demonstrated financial need based on the availability of funds. This scholarship is awarded on a discretionary basis by the Board of Directors as determined by the Scholarship Committee based on the amount of funds available and the demonstrated financial need of the applicant. Scholarship awards are applied to program fees and are not available to meet the additional individual team expenses.

Confidentiality: Applicants can be assured that all information related to application and disbursements will be kept in the strictest of confidence and will only be shared with the applicant, the Scholarship Committee and with the Board officers as needed.

Funding: The limited funds for the scholarship program come primarily from scholarship donations, association contributions as determined by the Board, and from other donations specifically earmarked for the scholarship effort.

Scholarship Committee: The CHA Board of Directors will appoint at least 3 members to serve on the Scholarship Committee. Committee members may include board members, volunteers or association members as determined by the Board.

Player Eligibility: A family is eligible if the player(s) satisfies the following criteria:

- Submits a scholarship application by 15th (applications submitted after this date will be considered based on available funds).
- Is between the ages of 5 and 19
- Has applied or is in the process of registering with the CHA
- Is a Member of U.S.A. Hockey (or is in the process of joining)
- Submits all required paperwork and documentation.
- All prior fees are paid in full or a payment plan is in place and current.

Award criteria: The Scholarship Committee will make awards based on demonstrated need considering the following specific criterion:

- Income (based on current tax return/s)
- Unusual or short term financial circumstances
- The number of children playing for CHA

Other factors taken into consideration may include:

- Duration of CHA participation
- Volunteer contribution to the organization
- Payment history with CHA
- Extenuating Circumstances (i.e., financial situations, change in employment status, special needs, etc.)

Deadline for submission is October 15, email application and forms to the Committee Chair at cheboyganhockey@gmail.com Please direct any questions you may have regarding this process to the CHA President.



Award Timeline and Notification: Award notification will be made by the CHA Scholarship Committee on or around October 30th. Applications received after the October 15th deadline may be considered by the Scholarship Committee based on need and the availability of funds.

The CHA Scholarship Committee and the Association's Board of Directors reserve the right to verify information requested/submitted on the application form. In the event any submitted information is found to be falsified or inaccurate the scholarship award will be denied and/or revoked. All financial assistance awards will be made after the deadline once all applications have been submitted and prior to formal registration.

If, at any time during the season, the applicant awarded the scholarship violates the Association's policies, the code of conduct and/or confidential nature of the disbursement, the CHA reserves the right to revoke the scholarship award.

The following items **MUST** be submitted as part of the application process for consideration by the committee:

1. Completed/Signed Application Form
2. Provide Income Verification Documentation- First 2 pages of the **most recent** 1040 Tax Forms of both parents where applicable (including divorced/separated parents); Please be sure to ***BLACK OUT all Social Security #'s and Bank Account #'s on Tax Forms prior to submitting.***



Scholarship Application Form

Please indicate the total number of children in the household: _____ How many play hockey? _____

Please list all your children that are planning to participate in CHA during the this season:
(List add'l on back)

Name	Current Season Level (e.g., Mite)	Scholarship Requested (Y or N)	Number of years in CHA

Have any of the children listed above received a CHA Hockey scholarship in the past: Yes No

If yes please indicate who, when and the amount received: _____

Mother/Guardian Information

Name	
Address	
Home Phone	
Cell Phone	
Email	

Father/Guardian Information

Name	
Address	
Home Phone	
Cell Phone	
Email	

The above parents/guardians are (check which applies):

_____ Married _____ Divorced/Legally Separated _____ Single/Unmarried _____ Widowed

If divorced or legally separated, please indicate which parent has custody:



Please have your child explain why he/she wants to play hockey for the Cheboygan Hockey Association and how they will apply the lessons they learn on the ice in their life away from the rink:

Please provide the following financial information along with required documentation for verification where requested:

	Mother/Guardian	Father/Guardian	Joint/Combined
Current Employer			
Previous Year Wages, Salary and/or Self-Employment Income (provide W-2 form)			
Annual Income From Child Support and/or Alimony			
Other Annual Income			
Do you own or rent your home?			
Monthly Mortgage or Rent Payments			
Do you own a second home?			
Monthly Mortgage or Rent Payments on Second Home			

Please Note: Due to limited resources "Full" registration scholarships will be reserved for those demonstrating the most financial need and will be limited accordingly.

How much can your family reasonably pay toward your expected CHA registration fees?



Please provide any other information you would like the committee to consider (i.e. change in employment status, dependent parent, special needs, etc.):

I/We certify that the above information is true and accurate. I/We authorize the CHA Scholarship Committee to make any inquiries deemed necessary to verify the information provided. This form must be signed by all custodial parents/guardians.

Mother/Guardian Father/Guardian

Date Date

**** CHA SCHOLARSHIP COMMITTEE USE ONLY ****

Date _____ Approved _____ Not Approved

Total Season Fee \$ _____

Scholarship Amount	\$ _____
Family Balance	\$ _____