

**TEXOMA YOUTH HOCKEY ASSOCIATION (TYHA)  
Scholarship Application**

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

Parent(s)/Guardian(s) Name - \_\_\_\_\_

Address - \_\_\_\_\_

City - State - Zip Code - \_\_\_\_\_

Home Phone # - \_\_\_\_\_ Work Phone # - \_\_\_\_\_

Cell Phone # - \_\_\_\_\_ E-Mail Address - \_\_\_\_\_

Player's Name - \_\_\_\_\_ Date of Birth - \_\_\_\_\_

Age Division 2011-2012 Season - \_\_\_\_\_

Team/Age Division played last season - \_\_\_\_\_

Coach's Name - \_\_\_\_\_

# Years playing Hockey - \_\_\_\_\_ #Years playing in WFHL - \_\_\_\_\_

Other Leagues in which Player has participated - \_\_\_\_\_

Hockey Camps Attended - \_\_\_\_\_

School Attending 2011-2012 - \_\_\_\_\_ Grade Level - \_\_\_\_\_

School Activities Player Participates In - \_\_\_\_\_

Other Organizations Player Participates In - \_\_\_\_\_

List Other Children/Dependents - Ages & Sports/Activities in which they participate

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Amount of Scholarship Funds Requested - \_\_\_\_\_

Brief Explanation of Why Scholarship Funds are Being Requested -

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Parent(s)/Guardian(s) Occupation - Employer - Status (Full or Part Time)

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Gross Household Income 2011 - \_\_\_\_\_

Estimated Gross Household Income 2012 - \_\_\_\_\_

Other Income - (i.e. child support, etc.) \_\_\_\_\_

Personal Reference Affiliated with TYHA - \_\_\_\_\_

Reference Contact # - \_\_\_\_\_

Personal Reference NOT Affiliated with TYHA - \_\_\_\_\_

Reference Contact # - \_\_\_\_\_

Are you willing to volunteer your time to assist the TYHA? \_\_\_\_\_  
(If Yes, answer next question)

In what capacity/areas? \_\_\_\_\_  
\_\_\_\_\_

Is player committed to attend ALL regular practices and team meetings as requested by the coaches? \_\_\_\_\_

Participating in the sport of hockey incurs expenses beyond registration fees. If you are granted scholarship funds, can you also commit to the addition expenses required for proper equipment, travel and fundraising? \_\_\_\_\_

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 TYHA, 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's Signature - \_\_\_\_\_ Date - \_\_\_\_\_

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-(For Scholarship Committee Use Only)

Scholarship Committee Recommendation - \_\_\_\_\_

Amount of Funds Approved for Player - \_\_\_\_\_

Signature of TYHA Board President - \_\_\_\_\_