



**Kent Valley Hockey Association**

6015 So. 240<sup>th</sup> Street  
Kent, WA 98032  
(253) 850-2400

**FINANCIAL AID / SCHOLARSHIP APPLICATION**

**Player Information**

(If multiple children in one family please complete relevant parts  
of multiple application forms)

**Player Name:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** WA **Zip:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Players Home Phone:** \_\_\_\_\_

**Division for 2017/2018 Season:** **Beginner Mite Squirt PeeWee Bantam Midget**  
---- (Circle one of the above) ----

**Are you trying out for Select/Rep team?** **Yes - No**  
---- (Circle one of the above) ----

**Years playing for KVHA:** \_\_\_\_\_ **Previous Season Division Level:** \_\_\_\_\_  
--- (Please indicate level and whether House or Select) ---

**Previous Season's Coach:** \_\_\_\_\_

**Previous Coaches Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Is player a member of U.S.A. Hockey?** **Yes - No**  
---- (Circle one of the above) ----

**Has player registered with KVHA for the 2017/2018 season?** **Yes - No**  
---- (Circle one of the above) ----

**Parent Information**

(If separate households please provide contact information for both)

**Father's Name:** \_\_\_\_\_

**Address (if different from child):** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Father's Phone:** \_\_\_\_\_ **Father's Alternate Phone:** \_\_\_\_\_

**Father's E-Mail Address:** \_\_\_\_\_

**Is father employed?** **Yes - No**  
---- (Circle one of the above) ----

**If yes, where?** \_\_\_\_\_

**Parent Information (continued)**

Mother's Name: \_\_\_\_\_

Address (if different from child): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Phone: \_\_\_\_\_ Mother's Alternate Phone: \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_

Is mother employed?            Yes - No  
----- (Circle one of the above) -----

If yes, where? \_\_\_\_\_

**Personal Financial Information**

Has this player received a scholarship before?            Yes - No  
----- (Circle one of the above) -----

If yes, where? KVHA or other: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Amount of scholarship you feel you need for this season?    25%            50%            75%  
----- (Circle one of the above) -----

Do both parents work?            Yes - No  
----- (Circle one of the above) -----

Father's annual gross income last 12 mos.?    \$ \_\_\_\_\_

Mother's annual gross income last 12 mos.?    \$ \_\_\_\_\_

Please explain any recent or expected changes in income or financial situation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOU MUST ATTACH A COPY OF YOUR 2016 FEDERAL INCOME TAX RETURN** in order for your scholarship application to be considered. If there are two parents in the child's life we must have an income tax return from both parents or a joint return.

**Privacy Statement**

Kent Valley Hockey Association is committed to protecting your privacy. Any personal financial information presented by you in this scholarship application, or personal financial information provided by you through the application process, will be held in strictest confidence and will only be used for the purpose of the administration and assessment of your scholarship application.

# FINANCIAL AID / SCHOLARSHIP APPLICATION

## Requirements

Please complete the following requirements and questions and include with application.

1. **Scholarship recipients are required to actively volunteer for KVHA projects.** Parent(s) agree(s) to volunteer for KVHA events where volunteers are needed, including helping with the KVHA Annual Fundraising Auction, volunteering for KVHA hosted tournaments, volunteering for team responsibilities such as the Team Auction Coordinator and team fundraising activities, volunteering to help the Learn-to-Play-Hockey (LTPH) program, and any other events where KVHA asks for volunteer help.
2. **Will you require any assistance beyond financial aid to facilitate your child's full participation in KVHA's hockey program, such as car pool, equipment, etc.? If so, please list the required assistance:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. **Please list how you actively volunteered with KVHA in the past or what volunteer position you held with your child's team in the past:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Scholarship Conditions

The following conditions apply:

1. Player, Parent and/or Guardian must remain members in good standing. Further aid will be denied if member does not remain in good standing.
2. To guard against abuse of the scholarship program, KVHA reserves the right to require all or a portion of financial aid to be paid back to KVHA. Return of financial aid may be required, based on the following grounds:
  - Applicant is not forthright regarding need, or has made a false or deliberately misleading statement on their application.
  - Assistance request is determined for budgetary convenience, not hardship.
  - If a recipient chooses to leave KVHA for another local hockey association (Greater Seattle/Tacoma area.) In such event, recipient agrees to repay all scholarship monies prior to issuance of a release from KVHA.
  - Applicant informs other KVHA members (in any manner) the details of their financial assistance.

**Signature of Agreement**

**Parent(s) or Guardian(s)**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Please send completed application and attachments to:**

Kent Valley Hockey Association  
Attn: Rena Sullivan/KVHA Registrar  
P.O. Box 65 Kent, WA 98035

**FOR OFFICE USE ONLY:**

**Date application received:** \_\_\_\_\_

**Date application reviewed:** \_\_\_\_\_

**Application status:    Granted:    25%       50%       75%    Estimated Amount \$ \_\_\_\_\_**  
----- (Circle one of the above) -----

**Denied:** \_\_\_\_\_  
--- (Reason) ---

**Applicant Follow-up:**

**Date:** \_\_\_\_\_

**Scholarship Committee Member:** \_\_\_\_\_