

# Recreational Player Scholarship Application Form



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

Player Level:  Pee wee  Bantam

Parent Name: \_\_\_\_\_ Phone:(H)\_\_\_\_\_

Address: \_\_\_\_\_ Phone:(W)\_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

All information will be kept confidential. Scholarship recipients will be notified via phone by a board member if approved. Notification of scholarship award will be before November 1.

Do you qualify for the ECSD subsidized lunch program?  Yes  No  
Are you willing to participate in all ECYH fundraising activities?  Yes  No  
Did your player participate in Recreational hockey last year?  Yes  No

ECYH has limited scholarships available, and are awarded based on need. Please describe the circumstances that make this a player scholarship a necessity for your player and family.

## Monetary commitment

Player fee	\$275.00
Minus credit	<u>-\$200.00</u>
Total cost	\$75.00

## Volunteer commitment

(must volunteer for one of the two listed)

1. Team Parent
2. 10 hrs at ECYH sponsored tournament

## Fundraising

1. Sell 20 calendars

I, the parent or guardian of the above named minor, hereby accept the fundraising and volunteer requirements of this scholarship program sponsored by Youth Hockey Club of Eau Claire, Inc during the current hockey season. I assume all risks and hazards incidental to such participation and do hereby waive, release, absolve, indemnify and agree to hold harmless Youth Hockey Club of Eau Claire, Inc. I also agree to pay Youth Hockey Club of Eau Claire, Inc all net player fees due to them in the event I am unable to fulfill the fundraising or volunteer components of this scholarship program.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

Please return completed forms to: ECYH Scholarships P.O. Box 1592 Eau Claire, WI 54702-1592