

Travel Player Scholarship Application Form



Player Name: _____

Player Level: Squirt Pee wee Bantam High School C

Parent Name: _____ Phone:(H)_____

Address: _____ Phone:(W)_____

Email Address: _____ Cell Phone: _____

All information will be kept confidential. Scholarship recipients will be notified by phone before teams are formed.

- Do you qualify for the ECSD subsidized lunch program? Yes No
 Are you willing to participate in all ECYH fundraising activities? Yes No
 Are you willing to fulfill the volunteer component of this program? Yes No
 Did your player participate in Travel hockey last year? Yes No

A scholarship deposit of \$500.00 must be made before the season. This check will be returned when the volunteer hours and fundraising components have been completed. Scholarship hours are reimbursed at the rate of \$10.00 per hour worked for activities noted below. All recipients are required to pay the equivalent Recreational or Parks and Rec player fee for their level at the time teams are formed.

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.

Scholarship recipients will be notified via phone by a board member if approved. Notification of scholarship and amount of award will be before November 1.

These are some of the volunteer opportunities that will fulfill the time requirements. This is only a partial list.

<u>Task</u>	<u>Credit</u>	<u>Total Needed</u>
ECYH Tournaments/Region 6 playoffs Scorekeeper	1 hour credit per hour worked	1 per game
ECYH Tournaments/Region 6 playoffs Time Keeper	1 hour credit per hour worked	1 per game
ECYH Tournaments/Region 6 playoffs Penalty Box	1 hour credit per hour worked	2 per game
ECYH Tournament Registrar	1 hour credit per hour worked	2 per tourney
Tournament Volunteer-Misc Duties	1 hour credit per hour worked	TBD
ECYH Tournament Director	25 hour credit per season	2 per tourney
Team Manager	25 hour credit per season	1 per team
Board Director (elected or appointed)	25 hour credit per season	12 Directors
Calendar Fundraiser Committee	5 hour credit per season	3-4 people
New Fundraiser Committee	5 hour credit per season	3-4 people
Team Treasurer	5 hour credit per season	1 per team
Team Volunteer Coordinator	5 hour credit per season	1 per team
Team Tournament Coordinator	5 hour credit per season	1 per team

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