



Hartshorne Scholarship Funds Request



APPLICATION FORM

This scholarship is open to all youth age hockey players and will be applied to player's fee account for the current hockey season. Scholarships are based on a maximum of \$350.00 or the recreational (house) league fee for the players' respective age classification. Exceptions may be made on a case-by-case basis.

Youth players must be registered with AHAMP.

Amount of Scholarship Requested: \$ _____

Family Information:

Date of Request: ____ / ____ / ____ Birth Date of Player: _____

Name of Parent (s) : _____

Name of Player: _____

of Children at home: _____ # currently in K-12 schools: _____ # currently in college: _____

Do you own or rent your home? _____ Are you a single parent? YES NO

Family Income:

| | | | |
|------------------------|------------------------|--------------------------|-----------------|
| ____ \$0 - \$10,000 | ____ \$10,001-\$20,000 | ____ \$20,001 - \$40,000 | |
| ____ \$40,001-\$60,000 | ____ \$60,000-\$80,000 | ____ \$80,000-\$100,000 | ____ \$100,000+ |

Please use the reverse side of this form, or an additional page, to explain the unusual financial circumstances that have contributed to this request.

Signature of parent/guardian: _____ Date: _____

RETURN: PERSONAL & CONFIDENTIAL TO HARTSHORNE SCHOLARSHIP FUND,
c/o AHAMP P O BOX 1203, MT PLEASANT MI 48804-1203

ALL REQUESTS ARE CONFIDENTIAL AND WILL REMAIN CONFIDENTIAL. YOU WILL BE NOTIFIED BY MAIL OF THE SCHOLARSHIP COMMITTEE'S DECISION

For Office Us Only: Scholarship Request Number _____