Friends of Saint Paul Hockey is a 501 c(3) nonprofit that is motivated to minimize financial barriers so the game of hockey is a continued and sustainable tradition in the East Metro. Our group has a working board of directors and an advisory council in place to provide support and visibility for our initiatives.

ELIGIBILITY

To be eligible for a scholarship, a child must meet each of these criteria:

- Be enrolled in a school (Kindergarten 12th Grade)
- Commit to attending a minimum of 80% scheduled practices & games
- Be registered to participate in one of the following hockey programs
 - Johnson/Como/North St. Paul
 - Langford
 - Dino Mites
 - Edgcumbe
 - St. Paul Capitals

TO APPLY

- 1. Applications for season scholarships are due no later than **September 30th** for seasons beginning September the same year.
- 2. Applications for additional assistance during a current season can be submitted anytime.
- 3. Complete this application form and mail to:

Friends of St. Paul Hockey Attn: Scholarship Committee P.O. Box 25722, St. Paul, MN 55125

Fee assistance scholarships will be awarded after the submission deadline. In season fee assistance requests will be considered throughout each year based upon need and available funds.

Scholarship funds are paid directly to the association/organization where your child is registered and will be applied to your child's account. You will be notified if you are awarded a scholarship.

If you have any questions please contact us at 651.335.0003 or email to: scholarship@friendsofstpaulhockey.org

Application for Scholarship Assistance

Child's Name:		Date of E	Birth:	Age:
first	last		MM/DD/YYYY	
Gender: Sc	hool Attending:			Grade:
Parent/Guardian Name:	first last			
Street Address:		Street Address L	ne 2:	
City:		State:	7	in Code:
Oity:		Otato.		p
Daytime Phone:	Evening Phone:	Email:		
Which organization/league/club will your child play hockey fo		. Paul Langford	What age/grou	p level:
(check one)		mbe St. Paul Capitals	S	
Level of assistance requested (check one)	1 14200 1 14000 1 141	750 \$1000		
Please submit a brief descripti	on of situation and need:			
•				
coordinate services with other supplied is true and correct an	FORMATION I understand that info agencies; therefore, I agree that ag Id that FOSPH staff have my permi program requires a commitment to	gencies may share my child ission to verify the informati	's information. I cert on on this application	tify that the information on. I understand that
I grant the abo	ove named hockey organization pe	rmission to release my child	d's registration infor	mation
☐ I DO NOT gra	nt the above named hockey organi	zation permission to release	e my child's registra	tion information

 1.	By signing this form I certify that the information contained in this scholarship packet is true and correct to the best of my knowledge.
 2.	By signing this form I agree to be bound by the responsibilities and expectations set forth in this application if I receive a scholarship.
 3.	I understand that members of the Board of Friends of Saint Paul Hockey consider each scholarship application on a case-by-case basis.
 4.	I understand that no guarantee of assistance is implied by this application and scholarships are awarded if funds are available.
 5.	I understand that scholarship money will not be paid to the individual recipient, nor will any money be refunded to the individual recipient.
 6.	I understand that if any information provided during the scholarship application is deemed inaccurate, Friends of Saint Paul Hockey may immediately terminate my child's privilege to benefit from the scholarship program, and in the case any information was intentionally false, I will repay to Friends of Saint Paul Hockey the full value of any scholarship awarded.
 7.	This application is considered private and will not be shared with anyone other than the scholarship review board unless otherwise required by law.
 8.	I understand that Friends of Saint Paul Hockey has complete discretion as to how it distributes its funds under this scholarship program.
9.	I understand Friends of Saint Paul Hockey has no ongoing legal relationship with any hockey organization and is not providing the hockey activity, but is only providing scholarships to play hockey.
	Name of adult applicant:
	Name of scholarship athlete:
	Adult applicant signature:
	Today's date:
	Sand this completed application form to: Erianda of St. Daul Haakay

READ AND INITIAL EACH LINE AND SIGN BELOW. By initialing each line below you are agreeing to the stated terms and conditions

listed. All Lines must be initialed for your application to be considered

Send this completed application form to: Friends of St. Paul Hockey
Attn: Scholarship Committee
P.O. Box 25722
St. Paul, MN 55125