



HOCKEY SCHOLARSHIP FEE ASSISTANCE PROGRAM

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**

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

- _____ 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: _____

Send this completed application form to: Friends of St. Paul Hockey
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St. Paul, MN 55125