

The Bob Bergeron Benevolent Fund Application

**Part I: Contact Information**

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

Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent/Guardian Contact 1: \_\_\_\_\_

Email: Phone: \_\_\_\_\_

Parent/Guardian Contact 2: \_\_\_\_\_

Email: Phone: \_\_\_\_\_

Siblings/Ages: \_\_\_\_\_

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**Part II. Youth Hockey History**

Team/Level for upcoming season: \_\_\_\_\_

*Please describe the player's prior involvement with WYH programs/teams:*

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*Please describe the player's prior involvement with other teams:*

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### **PART III. School Information**

Name of School: \_\_\_\_\_

### **Part IV. Requested Amount**

*The cost to play Waltham Youth Hockey is \$1620 for a travel player at the Mite through Bantam levels, please indicate the amount of scholarship money you are requesting*

Dollars/Percent: \_\_\_\_\_

### **Part V. Personal Statement**

*Please describe below, or on a separate sheet, why you are applying for a scholarship and how the scholarship would help the applicant.*

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### **Part VI: Financial Documents**

The WYH may require that all applicants provide a copy of their household's or parents/guardians most recent Tax Returns and any other documents that may be useful to the committee in assessing the financial need of the applicant. All information provided as part of the application process will be held as confidential by the scholarship committee.

**Please email the completed application and supporting documents to:**

[markhickey1@aol.com](mailto:markhickey1@aol.com)

Or mail to:

Bergeron Benevolent Fund  
c/o Mark Hickey  
46 Shirley Road  
Waltham, MA 02452