



Charlestown Youth Hockey Association
 PO Box 712
 Charlestown, Ma. 02129
 WWW.CYHA.COM

CYHA Scholarship Fund Application

APPLICANT		
NAME	HOME PHONE / EMAIL	
STREET	CITY, STATE AND ZIP	
DATE OF BIRTH	HOW LONG HAS APPLICANT BEEN A MEMBER OF CYHA?	
PARENT/GUARDIAN NAME	ADDRESS (Street, City, State, Zip)	HOME PHONE / EMAIL
TEAM INFORMATION		
PLAYER'S CURRENT TEAM (i.e.: Mite, Squirt, Pee Wee, Bantsm, U10, U12, U14)		
PREVIOUS TEAMS		
CURRENT HEAD COACH'S NAME		
REFERENCES	Please provide three (3) references below. Providing references is optional. Opting to skip this section will not impact general consideration of the application.	
NAME	CONTACT INFORMATION	RELATIONSHIP TO PLAYER/FAMILY
1.		
2.		
3.		

PLEASE PROVIDE A SHORT NARRATIVE DETAILING THE REASONS WHY A REQUEST FOR ASSISTANCE SHOULD BE CONSIDERED. PLEASE TYPE OR PRINT LEGIBLY. ATTACH A SEPARATE SHEET IF NECESSARY.

DATE: _____ **SIGNATURE:** _____

Applications must be postmarked by November 21, 2011 to be considered. No Exceptions.

Submit completed, signed applications by U.S. Mail only to the following address:

Charlestown Youth Hockey Association
PO Box 712
Charlestown, MA 02129

Please contact any member of the Board of Directors should you have any questions regarding the application process. Email: BOD@CYHA.com