



Rochester Youth Hockey Mary Sulli Memorial Scholarship

The Mary Sulli Scholarship Fund is established to assist families experiencing temporary financial difficulties, due to loss of employment, serious family illness, or other causes of short term financial difficulty. The intention of the fund is to allow a child, immersed in the sport of hockey, from having to forego a season due to his/her family's temporary financial straits, until a time when that situation has been rectified.

Eligibility:

1. Any player is eligible to apply for such scholarship funding for the coming season with Rochester Youth Hockey League, Inc. if, they were registered and rostered with Rochester Youth Hockey League, Inc. the previous season. (The scholarship fund should not be viewed as a method of recruitment from other organizations, therefore, the previous participation in Rochester Youth Hockey League, Inc. requirement).
2. Any player registering for Initiation, House, and Travel may apply for this fund, as long as they meet the previous season's participation rule. However, it would be expected that the selection committee, when reviewing an application for a Travel player, strongly question, and be fully satisfied, as to the expectations of the parents in meeting the significant costs of Travel, other than the league registration fee.
3. No Officer or Director of Rochester Youth Hockey League, Inc. may apply for this scholarship fund, until two full seasons have passed since their resignation or termination as a board member.

Application:

1. Applications must be made in writing and mailed to Rochester Youth Hockey League, Inc.'s legal address, during the period, April 1 to June 30, for the season beginning in August or September.
Rochester Youth Hockey
c/o ESL Sports Center
2700 Brighton-Henrietta Town Line Road
Rochester, NY 14623
Attention: Sulli Scholarship Committee
2. The application form must be completed in its entirety in the format provided including the parent signature to attest to the completeness and accuracy of the information presented.
3. All applications are confidentially reviewed by a 3 person committee of RYH Board Members who solely make the decision on awards. Awards will be reviewed by the selection committee and announced by July 15 of each year for the coming season. Each recipient will received written notification of the award.
4. The selection committee is responsible to notify Treasurer and Registrar of Rochester Youth Hockey League, Inc. in writing of the awards. These awards will be credited to the recipient's respective accounts, and at no time will monies be forwarded to the recipients.



Rochester Youth Hockey Mary Sulli Memorial Scholarship

PARENT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Child 1 Name	Child's Team	Dues for Team	
Child 2 Name	Child's Team	Dues for Team	
Child 3 Name	Child's Team	Dues for Team	
Child 4 Name	Child's Team	Dues for Team	

FINANCIAL INFORMATION	
<i>How many individuals will be residing in the household for the 2009-2010 hockey season?</i>	
<i>What was your total income on your 2008 tax return (line 22)?</i>	
<i>What was your adjusted gross income on your 2008 tax return (line 37)?</i>	
<i>Please describe any changes in family financial situation that is contributing to your current situation</i>	
<i>What amount of the financial responsibility for the children listed above will you able to cover for this season?</i>	
<i>Is there any other information that you would like us to consider as part of your application for financial aid for the 2009-2010 season</i>	

ACKNOWLEDGEMENT AND SIGNATURE	
<p>I certify that my answers are true and complete to the best of my knowledge. If it is ever discovered that the facts of application were misrepresented, any amount of award are to be immediately repaid to RYH.</p> <p>I certify that I understand that the RYH Sulli Scholarship may be awarded for those families that have a short term financial difficulty only and is not intended to be a recurring source of financial aid to pay for hockey.</p> <p>I certify that I understand that if my children play travel hockey and my family has a short term financial difficulty, that the RYH house program may be more applicable to our needs. I understand that travel hockey has a significant cost beyond that of the player dues.</p> <p>I certify and understand that this application is kept in confidence and will not be reviewed or discussed beyond the Sulli Scholarship selection committee.</p>	
Signature	Date