



# Twin City Youth Hockey Association

P.O. Box 143, Leominster, MA. 01453-0143

## ALI PIERCE HOCKEY SCHOLARSHIP FUND APPLICATION

Player's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_

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

City /Town: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s) / Guardian Name (s): \_\_\_\_\_

Married:  Single:  Occupation(s): \_\_\_\_\_

Number of Dependents Living in Household \_\_\_\_\_

Number of Children Skating: \_\_\_\_\_ Figure Skating: \_\_\_\_\_ Hockey: \_\_\_\_\_

Do your parent(s) / Guardian own a second home? Yes \_\_\_\_\_ No \_\_\_\_\_

What is the total annual household income? \_\_\_\_\_

Eligibility Requirements	
	Current member of Twin City Youth Hockey (TCYHA) Association with no outstanding balance.
	One (1) year previous affiliation with TCYHA.
	Has Played on a Mite, Squirt, Pee Wee, Bantam or Midget Team.
	Have no current affiliation with any select or metro team.
	Demonstrate financial need (TCYHA May request W-2 forms, or financial statement)
	One (1) year Time Limit
	One (1) child per family can apply
	Individual responsibility will be 20% of total assessment.

The request for assistance, will be reviewed by a four (4)-member committee under strict confidentiality comprised of:

1. President of TCYHA
2. Treasurer of TCYHA
3. Division Director
4. Scholarship Administrator

Please give a description why you feel a scholarship should be appropriated to you. (Use other side if necessary). \_\_\_\_\_

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