



Affton Americans Hockey

Scholarship Application



****All portions of the application must be completed****

Player Name: _____ Parent(s) Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

Name(s) of siblings at Affton: _____

Current Team: _____ Years at Affton: _____ Previous Organization: _____

Amount of scholarship requested: \$ _____ Amount of any outstanding fees owed to Affton Hockey: \$ _____

Eligibility Criteria

Circle one response to the following questions:

Did you sell ads for the Affton Ad Book? Yes No
 If yes, which ones:

Did you participate in Pizza Day? Yes No
 If yes, how:

Did you participate in the Raffle Fundraiser? Yes No

Category of Need:

Please check the box next to the category or categories which explain your financial need.

- Financial Need (see "Family Income Statement" below)
 - By checking "Financial Need", I certify that my family's income falls within the guidelines to the right. I also give the Affton Hockey permission to request verification of income (i.e. tax returns) as they may deem necessary.
- Financial Need Due to Loss of Job
- Financial Need Due to Death in Family
- Financial Need Due to Disability/Injury
- Financial Need Due to Other Hardship

Household Size	Annual Income
1	\$21,660
2	\$29,140
3	\$36,620
4	\$44,100
5	\$51,580
6	\$56,060
7	\$66,540
8	\$74,020

For more than 8 household members, add \$7,480 for each additional member.

I certify that all information above and attached is accurate to the best of my knowledge and has not been fabricated to increase eligibility.

Signature: _____

Printed Name: _____

Explanation of Need:

Please attach a brief explanation of the need for this scholarship to this application. While being brief, please include as much information as possible to help the committee make its decision.

Return completed application to Brian Gardner:
 Mail to: Affton Ice Rink | P.O. Box 6976 | St. Louis, MO 63123 | Attn: Brian Gardner
 Email to: bmg6481@att.net