

Date: \_\_\_\_\_

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

***Ithaca Youth Hockey Association  
Scholarship Application Form***

Thank you for your interest in the Ithaca Youth Hockey Association (IYHA). We have created this form in order to help us allocate our limited scholarship funds as fairly as possible. This information will be kept confidential at all times. Nobody except IYHA Board Members will have access to this information. The applications are reviewed in Executive Session at the next regularly scheduled IYHA Board meeting.

This form should be filled out by the parent(s)/guardian(s) of the hockey player(s) who will be receiving the scholarship. If necessary, attach further documentation or a letter.

1. What was your adjusted gross income last year? (This can be obtained from your most recent tax return. If you did not file a return, please tell us the amount of income that you earned last year.)

\$ \_\_\_\_\_

2. How much money did you receive last year in the form of untaxed income and benefits?

Social Security: \$ \_\_\_\_\_

TANF/AFDC/etc \$ \_\_\_\_\_

Earned Income Tax credit: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

(if "Other," please indicate the source) \_\_\_\_\_

3. How much federal (U.S.) income tax did you pay last year?

\$ \_\_\_\_\_

4. Are you employed? If so, where? (Please tell us if you own your own business.)

\_\_\_\_\_

5. Investments: Do you have more than \$10,000 in cash, savings accounts, checking accounts, or investments? Investments include, but are not limited to, certificates of deposit, money market funds, stocks, bonds, and/or real estate (other than your own home). If so, how much?

\$ \_\_\_\_\_

6. Do the player(s) you are requesting a scholarship for receive free/reduced school meals/milk at their school(s)?

\_\_\_\_\_

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Cost of Living

1. Medical and Dental: Please tell us if you had medical and dental expenses last year greater than 5 percent of your total income.

\$ \_\_\_\_\_

2. Dependents: Please tell us how many dependents are living with you in your home.

\_\_\_\_\_

3. Dependents playing hockey.

Names: \_\_\_\_\_

Level (Initiation, Squirt Snowbelt, PW UNY, etc):

\_\_\_\_\_

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**If you have not discussed a specific dollar amount you are requesting, it would be very helpful to know how much you need.**

\$ \_\_\_\_\_

Please sign below. By signing this application, you are promising that the information you are providing the IYHA Board of Directors is true and accurate. We invite you to provide any additional information that you think might be relevant to the IYHA Board in deciding whether to allocate scholarship funds to your child.

Please Print Your Full Name: \_\_\_\_\_

Please Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Please print the names of the player(s) who will be receiving the scholarship funds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Return the completed form to:

**Beau Saul**

**IYHA, President**

**PO Box 391**

**Ithaca, NY 14851**