



Spokane Americans Youth Hockey Association
6321 N. Addison
Spokane, WA 99208

Dear SAYHA Member:

Thank you for your interest in the scholarship program for the 2015-2016 hockey season. Each year SAYHA budgets a specific amount of money to set aside to help families needing financial assistance in keeping their player(s) on the ice. In order to facilitate your request for such assistance, please complete and sign the following questionnaire and return both pages, along with a copy of your 2014 tax return, to the SAYHA office at 6321 N Addison Street, Spokane, WA 99208, no later than September 2, 2015. Failure to provide your tax return or answer all questions completely will result in a delay and possible denial of your scholarship request.

As always, all financial and personal information you provide will be kept confidential. Please also provide any other relevant information that you feel will impact your request, such as recent job loss, divorce or other changes that affect your financial situation.

Please read and initial the following paragraphs to indicate that you understand and agree to the conditions set forth:

This application is for SAYHA House scholarships only and may cover the full cost of registering your player for the 2015-2016 Season (\$450-\$595). _____

By providing scholarship assistance, SAYHA does not assume liability for any bodily injury or property damage that may result in your child's participation in league activities. _____

All scholarship awards are granted on the basis of need. Failure to pay account balance on time will result in revocation of scholarship award and will result in loss of future scholarships. _____

If I do not receive a scholarship, or receive an amount less than the full registration fee, I am responsible for the balance due on the account. _____

I agree to volunteer at tournaments, games and events for SAYHA and acknowledge that my scholarship is not complete unless I receive a confirmation email from the SAYHA office _____

If you have any questions, please call the office at 327-7383

Home of the _____



SAYHA HOUSE SCHOLARSHIP APPLICATION
2015-2016 SEASON

PLAYER'S NAME: _____

PARENT/GUARDIAN: _____

EMAIL ADDRESS: _____

ADDRESS: _____

CITY/STATE/ZIP: _____ HOME PHONE: _____

NUMBER OF WAGE EARNERS IN HOUSEHOLD: _____

HOW MANY PEOPLE DO YOU SUPPORT IN YOUR HOUSEHOLD? _____

CURRENT EMPLOYMENT INFORMATION:

Employer #1 _____ Gross Monthly Income \$ _____

Employer #2 _____ Gross Monthly Income \$ _____

Other Income/Support _____ Monthly Income \$ _____

Permission is hereby granted to the SAYHA Scholarship Committee to verify my declared income.

Parent/Guardian Signature _____

Date: _____