

Northwest Arkansas Hockey Association Robyn Parsons Scholarship Assistance Application Form

Attached is NWAHA's Scholarship Application should you be interested in applying for financial aid for your child(ren) enrolled in the 2010-2011 NWAHA hockey program.

History:

NWAHA has been helping individuals financially on an as needed basis for the past several years. Recently, due to the tremendous generosity of many individuals, a financial assistance fund named the Robyn Parsons Fund was established to formally assist children who would enjoy playing hockey, but who may have financial constraints or family priorities that limit their ability to participate. This fund continues to grow through generous individual contributions, donations made from the NWAHA registration process, and individual team's fundraising campaigns. Please know donations are always welcome and 100% tax deductible, send donations to:

NWAHA
Robyn Parsons Scholarship Fund
P.O. Box 6277
Springdale, AR 72762-6277

Scholarship Application:

Should you be interested in applying for consideration please complete the attached form and return to:

NWAHA
Attn: Scholarship Assistance Application
P.O. Box 6277
Springdale, AR 72762-6277

All applications will be held in the strictest of confidence. Your personal information will be reviewed and discussed by the Jones Center Rink Manager, a Jones Center Board Member and the NWAHA Board Treasurer. These individuals will have the responsibility to review, prioritize need, and award funds as they deem appropriate. If you have already completed registration, you can still complete and mail these forms in for consideration. Should you be eligible for scholarship, you will receive a reimbursement check in the mail.

Scholarship Acceptance Expectations:

Should your request for financial assistance be accepted, the NWAHA Board expects 100% participation of your player(s) at all practices and games. In the event of games that are played outside Springdale, it is your responsibility to request help from your Team Manager or other team parents in securing transportation for your player(s) to these locations if you are unable to transport your own child. Should an unusual number of missed practices or games be noticed, you will lose future consideration for financial assistance.

You will also be expected to participate as a team parent on the team. You need to be available and attend team meetings and contribute volunteer hours to any team events, i.e., home tournament, team car wash, etc.

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The Scholarship committee will review all Applications received and will telephone you regarding your Application. Should we not be able to reach you by phone, we will mail you your Application status.

Please print neatly:

Parent/Guardian Information

Parent/Guardian's Full Name: _____ Phone: () _____

Present Address: _____

Street _____ City _____ Zip _____

Player Information

Player(s) needing financial assistance:

Last Name	First	Initial	Date of Birth	Current Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please tell us why we should consider you for financial aid this 2010-2011 NWAHA hockey season. Please provide any information that you believe should be taken into consideration when this application is evaluated such as medical bills, extenuating financial circumstances, etc.:

I have read the Scholarship Acceptance Expectations on the previous page and agree to meet these Team requirements. Yes No

FOR OFFICE USE ONLY

Date Received: _____ Date Reviewed: _____

	<u>Child's Name</u>	<u>Child's Name</u>	<u>Child's Name</u>
Registration Fee (max. \$325)	\$ _____	\$ _____	\$ _____
Equipment Rental (max. \$50)	\$ _____	\$ _____	\$ _____
Total Assistance per child	\$ _____	\$ _____	\$ _____
Total family Assistance available	\$ _____		