



PHA SCHOLARSHIP APPLICATION

All information on form must be completed.

An application is required for each individual player.

NAME: _____ **AGE:** _____ **DOB:** _____

ADDRESS: _____

Athlete lives with: ()Mother ()Father ()Both ()Other

Scholarship Requested: ()Equipment ()Registration Fee ()Both

Parent/Guardian Information:

Father's Name: _____ **Phone#** _____

Occupation: _____ **Email** _____

Mother's Name: _____ **Phone#** _____

Occupation: _____ **Email** _____

Guardian's Name: _____ **Phone#** _____

Occupation: _____ **Email** _____

Gross Annual household income:\$ _____

Has this player previously received a scholarship from PHA? _____

I understand that my signature below authorizes PHA to obtain verification of all information in this application and that further information may be necessary for approval of this application. I certify that all information on this application is correct and true. I understand that if my child(ren) receive a scholarship from PHA they are required to be at a minimum of 75% of all scheduled practices and 50% of all scheduled WAHL games. If these requirements are not met, I understand that I will be responsible for paying back PHA for the scholarship(s) received.

Parent/Guardian Signature _____ **Date** _____

Return Complete Applications To:

PHA@PINEDALEGLACIERS.ORG

OR

Pinedale Hockey Association

PO BOX 552

PINEDALE, WY 82941