PO BOX 311 ● MASON CITY, IOWA 50402 ● WWW.MCMOHAWKHOCKEY.COM

PLAYER SCHOLARSHIP APPLICATION

The Mason City Youth Hockey Association is committed to providing the opportunity for young athletes to participate in youth hockey at all levels. Our scholarship program has been designed to provide annual funds to be awarded to help ease the financial obligations of playing. Scholarships may be awarded to an applicant who fills out the following form and provides the required information. All applications and information collected will be kept strictly confidential and will only be used for the determination of recipients. **Deadline will be October 15, 2022.**

Please print clearly the following information. If the form is incomplete, inaccurate, illegible, or not signed, it will not be considered. Please email completed forms to mcyha.treasurer2@gmail.com or turn in completed applications to the gray box leading downstairs at the arena on or before the deadline. The awarded Scholarship amounts will vary from year to year. No guarantee of financial assistance is implied by the completion of this application. Awarded scholarships may vary depending on availability of funds and individual circumstances.

Requirements:

- 1. Athletes must be a member of the Mason City Youth Hockey Association.
- 2. Athletes must be in good standing with the MCYHA, MWAHA and USA Hockey.
- 3. Athletes must be committed to participate for the complete season of which they are applying for.
- 4. Parent(s) / Guardian(s) must be committed to volunteer for events, committees, or another capacity.
- 5. Application must be completed, legible, accurate and turned in by the deadline.

Part 1 – Player Information												
Name of Player			Address			City		State	Zip			
Date of Birth			Playing for: Mites S	Squirts □ PeeWees □ Bantam:	s □ Hi	igh School						
Part 2 – Family Information												
Parent / Guardian 1			Address			City		State	Zip			
Home Phone Numbe	r	Cell P	hone Number		Email /	Address						
Parent / Guardian 2			Address			City		State	Zip			
Home Phone Numbe	г	Cell P	hone Number		Email	Address						
Size of Family Number of Siblings play		playing	ing in MCYHA Have you ever received a MCYHA Sch past? ☐ Yes ☐ No		nolarship in the		Do you receive any other assistance? Please list:					
Annual Household is	.come: ☐ \$20 000) or le	ss 🗆 \$20.0	00 to \$40 000 🗆 \$40 000 to \$6	50.000	□ \$60 000	to \$80,000 🗆 \$	80 000 to \$100 000	□ \$100,000 or more			

Part 3 – Parent/Guardian Request Statement

Please explain why you think the MCYHA Executive Board of Directors should select you to be a Scholarship recipient. Please include any special personal circumstances.							
		ication is correct and to the best of my kal documents submitted as part of this a					
ould any information submitted be fo	und to be a delib	perate misrepresentation, it may disquali	fy me for the Scholarship.				
arent / Guardian 1 Signature							