



Scholarship Application

Mission: To provide scholarships to underserved youth in the hockey community.

Purpose: To support boys and girls, ages 5-18, interested in a hockey program offered in the Indianapolis area. The scholarship funds would cover equipment, registration, membership and rink access fees, when there is a cost barrier prohibiting participation.

Scholarship Applicant First and Last Name: _____

Parent/Guardian First and Last Name: _____

Parent/Guardian Email: _____

Phone Number: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Applicant's Date of Birth: _____

Name of School: _____

Please indicate the dollar amount you are requesting: _____

Please indicate how you would like to utilize a "Grandpas for Hockey" scholarship (equipment, registration, membership fees etc.)

Please select your level of hockey experience by placing an "x" on the appropriate line.

_____ Experienced, have competed in games and tournaments

_____ Advanced, have played hockey for 3-5 years

_____ Recreational, have played for 1-2 years

_____ No experience with hockey

Do you have hockey equipment?

_____ Yes, I have all the equipment I need

_____ Yes, I have some equipment

_____ No, I do not own any hockey equipment

Letter of Recommendation: Please include a letter of recommendation from a hockey professional, teacher, coach or another adult.

Personal Statement (500 words or less): Why should you be awarded a "Grandpas for Hockey" scholarship?

EMAIL ALL DOCUMENTS TO: scholar@grandpasforhockey.com