

## San Francisco Sabercats Youth Hockey Association Scholarship Application

APPLICATION DEADLINE: October 30, 2017

## The Scholarship Process:

1) All Scholarship Applications MUST BE complete and postmarked by 10/30/17 Mail to:

SFYHA Scholarship Program Yerba Buena Ice Rink 750 Folsom St. San Francisco CA 94107 622

- 2) All Scholarship Applications must include all of the REQUIRED INFORMATION outlined above. Failure to include any of these items will result in disqualification of the applicant from consideration.
- 3) Weight is given to those applications showing a compelling current event that resulted in the need for scholarship consideration.
- 4) The Scholarship Committee believes all applications should be given equal consideration. Therefore, applications will be reviewed as submitted. Requests for additional information will only be made in rare cases, since this would give some applicants time to strengthen their application and other would not be given that same opportunity.

## SFYHA SCHOLARSHIP APPLICATION DEADLINE: October 30, 2017

Player Information	
Name:	Application Date:
Date of Birth:	Years w/ San Francisco Sabercats: (include all teams and seasons played)
Current team:	
Parent(s) Information	
Name:	Email Address:
Address:	Home Phone:
Work Phone:	Mobile Phone:
Name:	Email Address:
Address:	Home Phone:
Work Phone:	Mobile Phone:
Required Information	
1 1	y of the front page of last years Personal Federal Tax al information such as social security numbers.
Verification of Grades: Include a cop	y of last years school Transcript
Attach Explanation of why you would	l like to be considered for a scholarship this year.
Are you willing to assist at future SFYHA fu Yes / No (please circle one)	undraising events together with your player(s)?