Dear Vincent Alberghine Memorial Hockey Scholarship Applicant:

Enclosed is a confidential application for the VAM Hockey Scholarship Fund. Scholarships for player fees for participation in the sport of hockey through VA Hockey Affiliates will be considered and granted based on the following criteria:

Availability of funds

Financial need of the parent(s) and child applicant

Special personal circumstances of parent(s) and child applicant

Number of years with association

No balance from prior year's fees

Agreement for volunteer time

Please complete and submit the following in full as part of your scholarship application:

Hockey Scholarship Application Form

Explanation of any special personal circumstances

The deadline for scholarship applications for the upcoming season is at time of registration, but no later than December 1st. If hardship falls after this date within the season, you may still submit an application. All application forms and information submitted will be kept confidential with the Scholarship Administrator and within the Executive Board of VA Hockey Association (President, Vice-President, Treasurer and Secretary). To ensure confidentiality, application packages should be mailed confidentially to the VAMHSF Treasurer.

The Executive Board meets once each month. At that time applications will be reviewed. You will be contacted in the event there are any questions regarding your application and notified as soon as a decision has been made.

Please send your completed VAM Hockey scholarship application form to:

VAMHSF

Scholarship Committee

205 Azalea Dr

Smithfield, VA 23430

VINCENT ALBERGHINE MEMORIAL HOCKEY SCHOLARSHIP

Hockey is a fantastic sport. It is also an expensive sport. For some families, paying the fees and costs associated with youth hockey can be a real financial burden.

To evidence its commitment to provide youth hockey to as many players as possible without causing a severe financial impact on families, the Board of VA Hockey has created a scholarship program for those families that demonstrate the need for assistance.

If awarded a scholarship, you will receive a full or partial reduction of your family's VA Registration fees. We ask that you submit your Scholarship Application after first registering for the season. The Scholarship Committee will keep confidential, to the extent possible, any information included in this application as well as the fact that your application was submitted. Please complete the entire form below. Please confine your written comments to the space provided.

PLAYER(S) NAME:
Season (year)
PLAYER'S DIVISION: HOUSEMITESQUIRTPEEWEEBANTAM MIDGET
APPROXIMATE ANNUAL FAMILY INCOME: \$
NUMBER OF CHILDREN IN FAMILY:
HOW MANY HOURS PER WEEK CAN YOU VOLUNTEER?
VOLUNTEER OPTIONS: (please check as many as you are willing to do)
SKATE SHARPENING SNACK SHACK

SCORE KEEPER	CLOCK	_ PUBLIC SKATE		
DADENT DED	LOCKED BOOM	MONITOR	COVCH	
PARENT REP	LOCKER ROOM	WONTOR	COACH	
Below please provide the feel that the Scholarship C				ormation you
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