



Hockey Club Alaska Northern Knights Scholarship Application  
2022-23 Season Financial Assistance

Hockey Club Alaska offers a limited amount of financial assistance for the program based on demonstrated need. The HCAK Board reviews and votes on all applications. Information will be kept confidential and not disclosed to those outside of the Board. The Board has sole discretion on the awarding of financial assistance. Applicants will be notified by the close of the registration period if the application has been approved.

Please read and initial the following to indicate you understand the terms of financial assistance requirements:

\_\_\_\_\_ Applications are due no later than September 30, 2022. Late or incomplete applications will not be considered.

\_\_\_\_\_ Scholarship award amounts will be determined based on the number of applications received.

\_\_\_\_\_ HCAK will consider one application per household.

\_\_\_\_\_ Recipients commit to attend a minimum of 80% attendance at scheduled practices, dryland training, and tournaments.

\_\_\_\_\_ Recipient parent/guardians agree to volunteer time at HCAK fundraising events (Skateathon, Breakfast with Santa, etc).

\_\_\_\_\_ Financial assistance awards are limited to HCAK registration fees only.

\_\_\_\_\_ Financial assistance does not cover the \$100 registration fee for USA Hockey (required for all HCAK members).

Financial assistance priority will be given to members meeting one or more of the following criteria:

- Member of a multi-child family and/or living in a single parent household
- Receiving assistance from programs such as: Free & Reduced School Lunch, SNAP, Denali KidCare, Medicaid, WIC, Childcare Assistance, Foster Care, etc.)
- Written recommendation by school representatives, social workers, or other social services representatives (must provide to receive priority consideration)

HCAK scholarships are based on financial need. Please provide all of the requested documentation in order to have your application considered by the HCAK Executive Board.

- Completed application form
- Copy of most recent pay stub
- Copy of paperwork for public assistance programs you are currently receiving

**Submit documents to:  
HCAK Secretary  
35555 Kenai Spur Highway #278  
Kenai AK 99669**

**HCAK Scholarship Application Part 1: Information submitted is confidential and not be shared with anyone other than HCAK Executive Board.**

**Player Information**

<b>Name</b>	
<b>Address (physical and mailing)</b>	
<b>Phone number</b>	
<b>Email</b>	
<b>Player DOB</b>	
<b>Number of children in household</b>	
<b>Single parent household (yes/no)</b>	
<b>Player Division and Team</b>	
<b>Number of years playing hockey</b>	
<b>Name of last association played with</b>	
<b>Number of household occupants playing youth hockey</b>	
<b>With which associations</b>	

**HCAK Scholarship Application Part 2: Information submitted is confidential and not be shared with anyone other than HCAK Executive Board.**

<b>Primary earner name</b>	
<b>Relationship to player</b>	
<b>Home/Cell Phone</b>	
<b>Email</b>	
<b>Occupation</b>	
<b>Employer Include address, phone number, person of reference</b>	
<b>If currently receiving public assistance, please list assistance type and amounts</b>	
<b>Do you own or rent?</b>	
<b>Net monthly income</b>	

<b>Secondary earner name (if applicable)</b>	
<b>Relationship to player</b>	
<b>Home/Cell Phone</b>	
<b>Email</b>	
<b>Occupation</b>	
<b>Employer Include address, phone number, person of reference</b>	
<b>If currently receiving public assistance, please list assistance type and amounts</b>	
<b>Do you own or rent?</b>	
<b>Net monthly income</b>	

**HCAK Scholarship Application Part 3: Information submitted is confidential and not be shared with anyone other than HCAK Executive Board.**

HCAK Northern Knights Scholarships are based on need. In the space below please explain any circumstances the Board should consider regarding your application.

I hereby state that all the supplied information is true and correct. I understand that verification of my monthly income will be required and I authorize release of income information by my employer to HCAK Board for financial aid verification. I understand that any discrepancies found may result in the termination of financial aid and I will be responsible for full remittance of the aid amount granted.

Signature (Primary Earner):		Date:	
Signature (Secondary Earner):		Date:	

