

Maine Coast Skaters Association 2009-10 Youth Hockey Scholarship Application

Youth Hockey Scholarship * PO Box 1166 * Rockport, ME 04856

finance@mainecoastskaters.org

Player Name: _____ Age: _____ Date of Birth: _____

Mailing Address: _____

Parent/Guardian: _____ Phone: _____

Household Income: \$_____ or, Adj. Gross Income from 2008 Tax Return \$_____

Other Resources: \$_____ Number of people living in home _____

Requested Amount: \$_____

This application cannot be processed without an attached letter from the player describing their desire to participate in the Youth Hockey Program.

Please Note – Equipment may be available to borrow for the season from the MCSA Youth Hockey program

Briefly tell why you would like to be considered for this scholarship award:

Other comments supporting your request:

Player Signature: _____ Date: _____

Parent Signature: _____ Date: _____