



The Rotary Club of Greater Jamestown AM has established a benefit fund for young girls and boys who do not have the financial means to acquire the necessary equipment and pay the fees relative to playing hockey. The Chautauqua Region Community Foundation is administering this fund.

Scholarships will be granted based on the following criteria:

1. Must be a student between the ages of 5-16 attending school in Chautauqua County and maintain an A or B grade point average.
2. Must establish financial need.
3. Must show athletic ability.
4. Both the student and parents must show a commitment to the rigorous hockey schedule.

The deadline for applications is June 27th, 2005.

Name _____

Male / Female _____

Street Address _____

Date of Birth _____

City/State/Zip _____

Social Security Number

Phone Number _____

_____-_____-_____

Father's Name & Address: _____

Mother's Name & Address _____

How long have you been playing hockey and/or why are you interested in learning to play?

What other activities are you involved in?

List three (3) references that can verify your athletic ability and/or level of commitment to learning.

 Name

 Name

 Name

 Relationship

 Relationship

 Relationship

 Phone Number

 Phone Number

 Phone Number

School _____

Grade Level _____

Phone Number _____

Teacher _____

How did you hear about the scholarship opportunity?

Why should you be considered for a scholarship?

Last Year's Family Income (Adjusted Gross): _____

Number of Adults in Household : _____ Number of Children in Household: _____

Please list any extenuating circumstances (illness, recent job loss etc.) that would effect normal household expenses.

Our family understands that the hockey season is extended and requires regular attendance at games and/or practices. If selected to receive a scholarship, we agree to maintain active participation throughout the season.

We hereby affirm, under penalty of loss of any award, that the information herein is correct and promise to notify the Chautauqua Region Community Foundation immediately of any change.

Applicant signature _____ Date _____

Parent/Guardian signature _____ Date: _____

Please return the completed application and a copy of the student's most recent report card to:

The Chautauqua Region Community Foundation
418 Spring Street
Jamestown, NY 14701

For more information regarding the **Help Kids Play Hockey Fund**, please call (716) 661-3390.
For more information on the Hockey Association and their programs contact Lisa Murphy, 484-2976.