 CALTROL SPONSORSHIP AWARD

 2020-2021 Travel Season

ALL INFORMATION PROVIDED WILL BE KEPT CONFIDENTIAL

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CLARK COUNTY RESIDENTS ONLY

DEADLINE: JUNE 20, 2020

OBJECTIVE:

The purpose of the Caltrol Sponsorship Award is to provide girls the opportunity to play on an established all-female youth travel hockey team. This award is to assist families with the fees of the travel program.

CRITERIA:

* Recipient player must be selected through tryouts for an all-female youth travel team
* The foundation must receive the completed application before the deadline
* Incomplete applications will not be considered
* Notification will be made prior to the beginning of tryouts if the player has been conditionally granted the Caltrol Sponsorship Award (final award requires acceptance on an all-female youth travel team. If the selected player is not accepted on a team, an alternate applicant will be considered)
* If accepted onto an all-female travel program, notification must be made by the player or their family to the foundation within 24 hours
* If awarded, the funds will be provided directly to the travel program for the purpose of paying travel team related expenses for said player
* Up to 3,000 per player will be awarded.

Any questions or additional information please email the foundation at info@hockeyforkids.org.

Caltrol Scholarship Award Application

Player's Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_

Parent(s) Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of people in household:

Adults: \_\_\_\_\_\_\_\_\_

Children: \_\_\_\_\_\_\_\_\_

Are there any other children in the household that play in a travel hockey program?

Yes or No

If yes, who? And what program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate (combined) annual household income:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please attach 2017 & 2018 tax returns. If there is any additional information we need, please attach it to this application such as hardships or proof of unemployment or medical bills or child support.

This section to be completed by the player:

What do you like about playing ice hockey?

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What are your personal goals for the upcoming hockey season?

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We certify that the information provided here in this application and that all supporting documentation is true and accurate. Any discrepancies will be grounds for denial of financial assistance or rescinded.

Parents/Legal Guardian Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Players Signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mail to:

Jake Kielb's Hockey Foundation

C/O Caltrol Scholarship Award

5240 Adorato Drive

North Las Vegas, NV 89031

Or email all documents to:

Info@hockeyforkids.org