



Colorado Springs Amateur Hockey Association



** Private and Confidential **	
Player Information	
Player Name:	
Birth Date:	Phone:
Parents Names:	Marital Status:
	Number of Dependents:
	Other Player Information:
Employment:	
Employee Name:	Employee Name:
Employer Name:	Employer Name:
Employer Address:	Employer Address:
Employer Phone:	Employer Phone:
Email:	Email:
Length of Employment:	Length of Employment:
Monthly Take Home Pay:	Monthly Take Home Pay:
Other Monthly Income:	Other Monthly Income:
Total Monthly Bills:	Total Monthly Bills:
Other Information:	
Please write a brief paragraph on other side of this form (or attach separately) giving us any additional information that will help us to make a decision.	
Attach a written recommendation from the player's previous coach. This brief recommendation should touch on the player's attitude, teamwork, etc.	
Attach the first two pages of your Current federal income tax return (Form 1040, 1040-A, or 1040-EZ).	
Will you be able to participate in CSAHA if you do not receive assistance?	
Will you commit to participating in all fundraising events?	
Will you commit having your player attend all away and tournament games?	

Process for submitting CSAHA Scholarship Application:

1. Complete all sections of this form. All applications will remain confidential.
2. Submit form to:
CSAHA Treasurer
PO Box 1263
Colorado Springs, CO 80901
3. Once all the applications are complete the CSAHA Board will award scholarships for the upcoming year. All applicants will be notified.