



**DALLAS STARS ELITE HOCKEY CLUB
SCHOLARSHIP FUNDS APPLICATION**

DSEHC is making a limited number of scholarship opportunities available to players who might otherwise not be able to participate in travel hockey. Selection of players for this financial assistance is based on financial need, academic performance in school and involvement in school and community activities. All information required must be provided before any application will be considered.

PERSONAL DATA

Player's Name: _____ Player's Birth Date: ____/____/____

Parents' Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail addresses: _____

EMPLOYMENT AND FINANCIAL DATA

Guardian 1 Employment: _____

Salary/Income: _____ weekly/monthly/yearly (circle one)

Guardian 2 Employment: _____

Salary/Income: _____ weekly/monthly/yearly (circle one)

Please list any sources and amounts of income other than from employment:

Please describe any major changes in income or unusual expenses in the last two years:

Please attach copies of the following:

1. Parents' most recent Federal Income Tax Return (including all supporting schedules)
2. Most recent paycheck stub from employment, or current balance sheet and income statement of business if self-employed

ACADEMIC INFORMATION

Name of School Attended Last School Year: _____

School District: _____ Grade Last Year: _____

Homeroom/Advisory Teacher Last Year: _____

List and describe any academic honors:

Please attach copies of the following:

1. Final transcript or report card from last academic year.
2. Letter of recommendation from a teacher/instructor (last year or current).

EXTRACURRICULAR AND COMMUNITY ACTIVITIES

Please list and describe player's extracurricular or community activities: (last 2 years)

Please attach letters of recommendation from:

1. An adult involved with player in any of the above activities, and
2. A previous hockey coach (or, if no prior hockey coach, a coach in some other sport).

Please describe any other circumstances of your situation that you think should be considered when reviewing your application: (attach an extra sheet if necessary)

Mail completed application to:
Attn: Wendy Sarich
Dallas Stars Elite Hockey Club Scholarship Committee
P.O. Box 631492
Irving, TX 75063-1492