



Spokane Oldtimers Hockey Association Inc.
6321 N. Addison St.
Spokane, WA 99208

GRANT APPLICATION

Each year the Spokane Oldtimers Hockey Association offers area hockey players and teams the opportunity to apply for assistance from our Grant program.

In order to apply, you need to provide the following information and submit it to the Spokane Oldtimers along with a **personal letter** telling us why you would be a worthy candidate for our consideration. **Return to Spokane Oldtimers Hockey, c/o Eagles Ice-A-Rena, 6321 N Addison St., Spokane, WA 99208.**

After we receive and review your application, we will call you to schedule your interview. For best consideration, we suggest the candidate requesting funds make a personal appearance before our interview committee, the second Monday of each month at Eagles Ice-A-Rena, during the hockey season.

PARENTS PLEASE NOTE: Along with the application, we request a copy of the first two pages of your latest tax returns. Please black out social security numbers. Any financial and personal information you provide us will be kept confidential and tax returns will be shredded. Please add any additional information you feel could impact your request, such as recent job loss, divorce, medical expenses, etc.

Parent / Guardian please read and initial the following statements to indicate you understand and agree to the conditions of this grant.

_____ The granted funds are paid directly to the organization for which the recipient skates, in recipient's name.

_____ The grant recipient (or parent depending on age of recipient) agrees to volunteer at a Spokane Oldtimers Association tournament or event during the season/year of the awarded funds.

If you have any questions, please call Gary Cirullo at (509) 994-6902.

SPOKANE OLDTIMERS HOCKEY ASSOC. SCHOLARSHIP APPLICATION

Player Name: _____

Parent / Guardian Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Hockey Questions:

Hockey Team / Organization You Represent: _____

Division in Which You Play: _____

Coach: _____ Coach's Phone: _____

Do you have a plan or a way to help raise additional funds?

Financial Qualification Information:

Number of Wage Earners in Household: _____

How Many People Do You Support In Your Household? _____

Current Employment Information:

Employer 1: _____ Gross Monthly Income \$ _____

Employer 2: _____ Gross Monthly Income \$ _____

Other Income: _____ Gross Monthly Income \$ _____

Permission is hereby granted to the Spokane Oldtimers Board Members to verify my declared income.

Parent / Guardian Signature: _____

Date: _____