



David Wallace Sportship 2009-2010

Greater Battle Creek Ice Hockey Association

P.O. Box 1682

Battle Creek, MI 49016-1682

Thank you for your interest in the David Wallace Sportship!

This program is in place to help families who may not otherwise be able to afford the sport of ice hockey. If your child is chosen as a sportship recipient, the following guidelines apply.

1. 50% of your child's house fee will be paid, up to \$400, whichever is lower. You will be responsible for the initial half of your child's house fee.
2. To fairly assess the financial need for the sportship, the committee will need a *copy* of your 2008 tax return, most recent pay stub and any other source of income (child support, social security, etc.). Any other information you would like to be considered must be in written form and signed by the child's parent or guardian. This information will not be returned, please do not provide originals. Sportships are awards based compared to other applicants. A limited number of sportships will be awarded per year. All decisions made by the Sportship Committee are confidential and final.
3. Families awarded a sportship are required to provide 10 hours or service, per award, in addition to the per player volunteer requirement. Please refer to the Family Volunteer Form for examples of opportunities.
4. All information must be submitted by the deadline of October 2, 2009 to address indicated above.
5. Sportship applicants will be notified by October 13, 2009.
6. 50% of house fees must be paid at Registration or prior to awarding Sportship funds.

Player's Name: _____ Players Birthdate: _____

Parent or Guardian's Name: _____

Address: _____

Phone Number(s): _____

Level of Play: _____ Number of Persons living in home: _____

Total Income in 2008: _____ Total Expected Income in 2009: _____

Please attach the documentation listed in guideline #2 above

I hereby certify that the above information is accurate, and acknowledge that falsification of any of the required information would make this application invalid. I understand the guidelines and agree that if any of the guidelines are not met, I will repay 100% of the award.

Signed: (Parent/guardian) _____ Date: _____

To be completed by GBCIHA Sportship Committee Member:

Received by:

Date:

Award:

Amount: