

PURPOSE:

This fund is to provide financial assistance to player families that have run into hardship. This assistance is to keep the player in hockey rather than be forced out by family hardship. Payments of awarded amounts are to be paid to the association of player to be applied towards cash fees. The association is expected to assist with matching amount requested and family should still be expected to participate in fund raising activities.

HOW TO APPLY:

Complete Scholarship Application form provided in back of the Region 4 Hockey Council Directory. Attach any supporting documentation.

OR

Submit letter on Association letterhead signed by Association President. No names should be provided to protect family privacy, but include detailed description of the situation justifying this request. State the amount requesting and any amount that the association is providing. Send the letter to Region 4 Hockey Council President for Board or appointed committee review.

ELIGIBILITY CRITERIA:

1. Player must have participated in youth hockey for a minimum of 3 years or at the discretion of the Board on a case by case basis.
2. Player is in good standing with local association and Region 4 Hockey Council (is not on any suspensions).
3. Player would not otherwise be able to participate during current season because of hardship.
4. Local Association is to commit to half of cash fee or matching amount to request.
5. Player's family must be required to participate in club fund-raising activities.

FUND SUBSISTENCE:

To insure the continuation of this fund, Region 4 Hockey Council shall donate an annual amount to maintain a \$10,000 minimum fund balance. Because this fund is to help members of all Associations in the Region 4 League, the Region 4 Hockey Council shall obtain this contribution from each Association by means of a per game charge to be determined at the yearly budget.

The Region 4 Hockey Council shall determine the amount of funds available at the yearly Budget meeting. From these funds, all approved applications will be paid in full if the scholarship budget is not exceeded. In the event that the applications exceed the scholarship budget, the awards will be reduced by an equal percentage to each Association. Other sources of income will be pursued, such as corporate donation, friends of hockey, etc.

SUBMIT TO:

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Note: If submitting information by email, please put "Fenton Kelsey Scholarship Application" in the subject line of the email.