



WHATCOM COUNTY AMATEUR HOCKEY ASSOCIATION SCHOLARSHIP APPLICATION

Player Name	
Address: City/State/Zip:	
Division	
Has player received a previous WCAHA scholarship?	
Amount of scholarship needed?	
Parent/Guardian Name:	
Address: City/State/Zip:	
Phone: EMAIL:	
Employer: Work Phone:	
Gross Monthly Income: \$ Other Income Support: \$	
Parent/Guardian Name (2):	
If Different Address: City/State/Zip:	
Phone: EMAIL:	
Employer: Work Phone:	
Gross Monthly Income: \$ Other Income Support: \$	

Any recent or unexpected changes in incomes or financial situation:

YOU MUST ATTACH A COPY OF YOUR LAST FILED FEDERAL INCOME TAX RETURN in order for your scholarship application to be considered. (Include one for each parent, if filed separately.)

Permission is hereby granted to WCAHA scholarship committee to verify my declared income. I declare the above information to be true.

Parent/Guardian (1): Date:

Parent/Guardian (2): Date: