



Sierra Inline Hockey League Information

SIHL Scholarship Application (Fee waiver only)

Parent/
Guardian Name: Date:

Address:

City:

State: Zip Code:

Home Phone: Work Phone:

Scholarship requested for (Name and age of player)

Name: Age:

Name: Age:

Name: Age:

Please state the reason for your scholarship request:

If granted a scholarship, in what way would you be willing to work at the rink?

- Scorekeeper Referee Facility/Rink Cleaning Rink Setup/Takedown Snow Removal

By checking the box and entering my name below, I state that the above is true to the best of my knowledge.

Please check the box Please enter your name:

Scholarship decisions will be made within 2 weeks of receiving completed application