

# HPFPA Scholarship Application

Player's Name \_\_\_\_\_ Age \_\_\_\_\_ Date \_\_\_\_\_

Season: Fall/Spring \_\_\_\_\_ Team \_\_\_\_\_ Division \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

What amount could be paid towards the season registration fee? \_\_\_\_\_

Why is a scholarship being requested?

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Could your parent/guardian serve on a HPFPA committee? \_\_\_\_\_

If so, which committee/s are you interested in?

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Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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Scholarship Committee's Recommendation:  Approved  Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_

Scholarship Amount: \$ \_\_\_\_\_