



Dear Scholarship Applicant:

Enclosed is a confidential Youth Hockey Financial Assistance Application for the Joseph Cocking Memorial Hockey Scholarship Fund ("JCMHSF"). JCMHSF is a not for profit corporation established through CharitySmith for the purpose of raising money to provide financial assistance to young hockey players in the Greater Milwaukee, WI area. (Milwaukee, Waukesha, Ozaukee, Racine, Kenosha, Washington, Dodge, Jefferson, Walworth Counties) It was founded in loving memory of Joseph Cocking.

Scholarships for player fees for participation in the sport of ice hockey through Wisconsin Hockey Affiliates will be considered and granted based on the following criteria:

- Availability of funds
- Financial need of the parent(s) and child applicant
- Special personal circumstances of parent(s) and child applicant
- Number of years with association
- Positive character of the child applicant, including sportsmanship, leadership and participation in extracurricular activities

Please complete and submit the following in full as part of your scholarship application:

- Hockey Scholarship Application Form
- Explanation or statement of personal circumstances
- Signed copy of release agreement

The deadline for scholarship applications for the upcoming season is at time of registration, or at a time determined by the scholarship committee. Applications are accepted year-round on an urgency basis. All application forms and information submitted will be kept confidential with the Scholarship Administrators and within the Executive Board of any Wisconsin Youth Hockey organization. To ensure confidentiality, application packages should be mailed confidentially to the JCMHSF Board.

Applications will be reviewed and scored to determine awardees. You will be contacted in the event there are any questions regarding your application and notified as soon as a decision has been made.

Please send your completed JCMHSF Hockey scholarship application form to:

JCMHSF
Attn: Lori Highby
2941 S. Lenox Avenue
Bay View, WI 53207

Sincerely,

JCMHSF

Any questions can be directed to: Liz Sparks - Lizsparks11@gmail.com

**JOSEPH COCKING MEMORIAL HOCKEY SCHOLARSHIP
APPLICATION**

PLAYER NAME: _____

Parents Name(s): _____

Address: _____ City: _____

Phone: _____

Email Address: _____

Age: _____ Grade (Entering in Fall): _____

For what hockey league are you affiliated with: _____

Treasurer and contact information for the hockey league: _____

Hockey Season (year) _____ Number of Years Playing Hockey: _____

PLAYER'S DIVISION:

MINI MITE SQUIRT PEEWEE BANTAM MIDGET HIGH SCHOOL COLLEGE

Registration/Season Fees: _____

Estimated other expenses and type: _____

Previous coach and contact information (name, email, phone):

Applicant Questions: (Please attach a separate piece of paper if needed)

1. What does sportsmanship mean to you?

2. Please list up to 5 extracurricular activities (including volunteer community service and/or organizations) that you participate in outside of hockey.

**JOSEPH COCKING MEMORIAL HOCKEY SCHOLARSHIP
APPLICATION**

3. Why do you like hockey?

Are there any special family or financial situations you feel the Scholarship Committee would find relevant to making its decision? If so, please provide us with that information.

I certify that the information provided in this Application is accurate, and I give authorization to the Joseph Cocking Memorial Hockey Scholarship Fund to verify the information contained within this Application. Deliberate misrepresentation of material facts in this Application may be cause for disqualification. I understand that awards of financial assistance are granted through a confidential Board of Trustee process based upon outlined criteria, and there is no guarantee made regarding the awarding of financial assistance or the amount of any award. I also understand that the Fund's financial assistance awards are determined annually, and that I must apply each year for financial assistance consideration.

Signature of Parent or Guardian: _____

Date: _____

Please mail the completed Application and necessary attachments to the following address:

Joseph Cocking Memorial Hockey Scholarship Fund
2941 S. Lenox Avenue
Bay View, WI 53207

**JOSEPH COCKING MEMORIAL HOCKEY SCHOLARSHIP
APPLICATION**

Please Check one:

I do NOT wish for my child's name or photo to be used in any material and DO NOT provide my authorization

I DO wish for my child's name and/or photo to potentially be used as stated in the below release agreement.

Release Agreement:

As the Parent and/or Legal Guardian of _____ (name of minor child), I hereby authorize the Joseph Cocking Memorial Hockey Scholarship Fund ("JCMHSF"), and its Board Members, agents and/or representatives, to use my child's image and name in all forms and media, for publicity and/or recognition purposes. Consequently, the JCMHSF may publish materials and photographs, use my child's name, and make reference to my child in any manner that the JCMHSF deems appropriate in order to promote the JCMHSF.

I waive the right to inspect or approve versions of my child's image used for publication or the written copy that may be used in connection with the images. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

I hereby release the JCMHSF, its Board Members, agents and representatives, from all claims, demands and causes of action that may result from use of this authorization.

I am the parent or guardian of the minor named above. I have the legal right to consent to, and do consent to, the terms and conditions of this release.

Parent/Guardian Name: _____

Parent/Guardian Address: _____

Parent/Guardian Signature: _____

Date: _____