



Scholastic Financial Assistance Program

The following will serve as the “SCAHA Scholastic Financial Assistance Program” (SFA) and guidelines for administering the program. All awards issued shall follow these guidelines for collection and review of applications, review of data, determination of SFA awards, and notification of SFA awards.

Award:

Two (2) scholarships of \$2,000 each will be available and awarded by SCAHA for the current playing season.

Purpose of Scholarship:

To assist students who have played in SCAHA for a minimum three (3) seasons with college/post high school tuition expenses.

Eligibility:

- Application form must be completed by the applicant – not a parent or counselor.
- Applicant must be enrolled or accepted into a post high school education institution or facility. Proof of such enrollment/acceptance must be provided.
- Applicant must be a registered SCAHA player in the current playing season, and a minimum total of prior three (3) SCAHA seasons.
- Applicant must have a cumulative high school Grade Point Average (GPA) of 2.00 (on a 4.00 scale) or higher and be demonstrated via the final grade report for applicants who have graduated high school in the past playing season, or via the 1st semester grade report for applicants in the current playing season. Special education students may qualify with a letter from their case manager stating they showed above average performance. Proof of GPA must be provided.
- Applicant must be in good standing within the league at the time of application and award. This means that the applicant should not be a suspended player for either non-payment of dues or playing rule or league rule violation through the entire process of application and award.

Deadline:

Applications and accompanying paperwork must be received no later than **June 15, 2025**. Late submissions will **NOT** be accepted! Selected scholarship winners will be announced no later than July 1, 2025.

Complete Application Packet Must Include the Following (NO STAPLES PLEASE!):

- A brief essay (two pages maximum, typed, double spaced, font size 12 point) on your career goals, specifically including which facet(s) of your youth hockey career you feel has best prepared you for both (A) your actual intended field of study or (B) your career goal of choice. In addition, please explain why you need the scholarship for your continued education plans.
- Essay must contain name and contact information at the top of each page.
- A completed, legible scholarship application form (see attached) completed only by the applicant – no parent or counselor completed forms.
- Grade report (final for graduated applicants or 1st semester of current school year for current playing season applicants)
- One letter of reference. Acceptable letters would be a school counselor, a current or former teacher, or a current or former hockey club president.
- Proof of enrollment in a post high school education institution or facility for applicants who have graduated high school in the past playing season, or proof of registration/acceptance in a post high school education institution or facility for applicants in the current playing season.

Application packets (**NO STAPLES PLEASE!**) must be submitted to:

<p>Monica Gordon, SCAHA Director SCAHA SCHOLARSHIP PROGRAM 1422 Rollin St South Pasadena, CA 91030-3827</p>
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SCAHA Scholarship Assistance Program Application Form for the 2024-2025 Season

Application must be filled out completely and legibly by the applicant and applicant only in order to be considered eligible for the award. (NO STAPLES PLEASE!) Application deadline is June 15, 2025. Late submission will **NOT** be accepted.

Student Information:

Date: _____

Name: _____

Street Address: _____

City/State/Zip: _____

Local Phone: () _____

Applicant Email Address: _____

Permanent/Home Address (if different than above): _____

City/State/Zip: _____

Home/Permanent Phone: () _____

I am currently registered (YES__) or plan to attend (YES__) (attach proof of enrollment/acceptance):

College/University/Junior College/Trade School/etc. _____

Street Address: _____

City/State/Zip: _____

Current Overall GPA: _____ (attach copy of most recent grade report)

2022-2023 Season SCAHA Hockey Club/Team played for: _____

2023-2024 Season SCAHA Hockey Club/Team played for: _____

2024-2025 Season SCAHA Hockey Club/Team played for: _____

Please list recent awards or honors, if any, including any hockey related awards or recognitions (attach additional page if necessary):

Please list a reference (non-relative):

Name: _____

Address: _____

City/State/Zip: _____

Relationship to Reference? _____

Daytime Phone Number: _____

Evening Phone Number: _____

E-Mail Address (if available): _____

Number of Years Known to Reference: _____

Please read and sign the following:

I understand that the scholarship selection will be based on the content of the application, the letter of reference and the submitted essay, and that the applicant is in good standing with SCAHA. Scholarship awardees will be invited to attend a SCAHA Board of Directors meeting to receive scholarship award.

I certify that all the information contained in this application is true and the submitted essay is original and solely my own creation.

Signature of Applicant: _____

Printed Name of Applicant: _____

Date: _____

Application packets (**no staples please**) must be submitted to:

<p>Monica Gordon, SCAHA Director SCAHA SCHOLARSHIP PROGRAM 1422 Rollin St South Pasadena, CA 91030-3827</p>
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