



## Aim Field Hockey Scholarship Application

Athlete Name: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Athlete's Email Address: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Application Date: \_\_\_\_\_

Age Group (circle):    U10    U12    U14    U16    U19

For what program are you applying for scholarship funds? (circle)

Club Fees      League Fees      Tournament      Camp      Other

For what season, i.e. fall, winter, spring: \_\_\_\_\_

Amount of Funds Requested: \_\_\_\_\_

In a few sentences, explain how a scholarship grant would impact your daughter's participation in our program:

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Are you or your daughter willing to volunteer for Aim to help offset costs?    YES      NO

If yes, specify your area of interest/skills, i.e. office work, tournament support, communications, officiating, design, etc. \_\_\_\_\_

Please submit your confidential application via email to Director Lauren Cornthwaite:  
lauren.cornthwaite@aimfieldhockey.com