



Jingles O'Brien Hockey Scholarship Fund

Board Members

Mike O'Brien, President
Sean O'Brien, Vice President
Kathy Semenchuk

Contact Information

123 Main Street
Madison, WI 53719
www.jinglesobriensf.com

How to apply

The Youth Hockey Financial Assistance Application for the Jingles O'Brien Hockey Scholarship Fund ("the Fund") is confidential. The fund is a not for profit corporation that was established for the purpose of raising money to provide financial assistance to young hockey players or rinks in the Greater Madison, WI Area. It was founded in loving memory of Jingles O'Brien.

Financial assistance for fees relating to participation in club hockey leagues will be considered and granted based on the following criteria:

- Availability of funds
- Financial needs of the parent(s) and child applicant
- Number of years the child applicant has belonged to the club
- Positive character of the child applicant, including sportsmanship, leadership, and participation in extracurricular activities
- Special personal circumstances involving the child applicant
- Willingness of parents to volunteer within the club they belong to

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

- Completed Youth Hockey Financial Assistance Application (2022)
- Signed statement of financial needs
- Copy of release agreement.

The deadline for Financial Assistance Applications for the upcoming 2022-2023 season must be postmarked December 1st, 2022.

All submitted application forms and supporting information will be kept confidential by the Fund. The fund will retain all submitted supporting documents, so please provide copies and keep your originals. You will be contacted in the event there are any questions regarding your application, and you will be notified as soon as a decision has been made.

Please mail or email to mike@jinglesobriensf.com the completed application and necessary attachments to the following address:

Jingles O'Brien Hockey Scholarship Fund
c/o Mike O'Brien
2821 Allegheny Drive
Madison, WI 53719

Sincerely,
Mike O'Brien, President
Jingles O'Brien Scholarship Fund
mike@jinglesobriensf.com



Jingles O'Brien Hockey Scholarship Fund

Youth Hockey Financial Assistance Application 2022/23

Completed Applications must be postmarked by December 1st, 2022 *

This form MUST be submitted by the Association or Club that the Player plays for, NOT THE PLAYER OR PARENT(S).

Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____

E-mail: _____

Age: _____ Grade Entering in the Fall: _____

League Playing Level Check One):

Learn to Play

U6 Mites

U8 RWB

U10 Squirt

U12 PeeWee

U14 Bantam

U18 Midget/HS

Mavericks

Name of Association or Club you play for: _____

Number of years playing hockey: _____

Amount of Financial Assistance being requested: \$ _____

To be completed by child with assistance, if needed:

1. What does sportsmanship mean to you?

2. What qualities do you have that you believe will help your teammates and the youth hockey program?



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

I understand that I am responsible for submitting the following information in order to apply and be considered for this award of financial assistance:

- Completed Youth Hockey Financial Assistance Application (2022/23)
- Completed Release Agreement
- Copy of child applicant academic report card (if applicable) for the last two completed semesters
- Signed statement of financial need

I certify that the information provided in this Application is accurate, and I give authorization to the Jingles O'Brien 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

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Release Agreement

As the Parent and/or Legal Guardian of _____(name of minor child), I hereby authorize the Jingles O'Brien Hockey Scholarship Fund ("the Fund"), 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 Fund may publish materials and photographs, use my child's name, and make reference to my child in any manner that the Fund deems appropriate in order to promote the Fund.

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 Fund, 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: _____