



BIGGBY®

COFFEE

AAA Hockey



**West Michigan Elite Hockey Club 91/93 Scholarship Application
2021-22 Season**

Please note that applications will be denied that do not have the proper documentation.
Please submit all documents required, along with this application.

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____
(Cell) (Email)

Team you play for **2021-2022 Season** _____

Current level of School: _____ G.P.A. _____

Parents Information:

Mother's Name: _____ Occupation: _____

Cell Phone: _____ Email: _____

Father's Name: _____ Occupation: _____

Cell Phone: _____ Email: _____

1. Marital Status: Single Married Divorced Separated

2. Number living in household: _____

3. **2020** Tax Form Filed: (Attach a copy of the tax form filed.)

1040A/1040EZ 1040 Est. 1040A/1040EZ Est. 1040 Not filed

4. Number of exemptions: _____

5. 2017 Adjusted gross income: \$ _____

6. 2017 Taxes paid: \$ _____

7. 2017 Earnings (mother): \$ _____

8. 2017 Earnings (father): \$ _____

9. Total Social Security received in 2020: \$ _____

10. Total Child Support received in 2020: \$ _____

11. Total AFDC received in 2020: \$ _____

12. Total untaxed income received in 2020: \$ _____

Note: Attach a copy of year-end statements for income reported in items 9, 10, 11, and 12.

- 13. Total amount of checking and savings: \$ _____
- 14. Real Estate/Investment value: \$ _____
- 15. Real Estate/Investment debt: \$ _____
- 16. Business/Farm value: \$ _____
- 17. Business/Farm debt: \$ _____

18. Do you own a home? Yes No (if yes, answer questions A and B)

A: Home value: \$ _____ B: Home debt: \$ _____

19. Parent(s) annual expenses:

Monthly Expenses	Annual Expenses for 2020

- A. Include rent or mortgage payment.
- B. Include monthly costs of electricity, phone, heat, and other direct utility charges not included in rent.
- C. Include costs for groceries, as well as meals eaten out.
- D. Include all medical care costs, including doctor's visits, glasses, contact lenses, prescriptions, medical insurance, special dietary needs, etc.
- E. If you own a car, include costs for insurance, maintenance, repair, and mileage. If you do not own a car, itemize types and kinds of travel costs you do have (air fare, bus or cab fare, etc.)
- F. Include personal care costs such as haircuts, grooming supplies, dry cleaning, and laundry costs.
- G. Include childcare and/or dependent care.

20. Please include Two letters of reference form a current or former Teacher or Coach:

21. Other circumstances to be considered:

22. Parents Signature: _____ Date: _____

Send to:
91/93 Scholarship
WMEHC
PO. Box #431
Oshtemo, MI 49077

Your Scholarship application must be received by October 1st 2021 will be reviewed by the WMEHC Board and a determination will be made by October 31st 2021. Scholarships given out are dependent upon the number of applications received. You must be a player in good standing to receive any scholarship.