

The Jake Kielb's

Travel Scholarship Program

The Jake Kielb's Travel Scholarship Program was created to support local youth hockey players and goalies playing on an established USA Hockey sanctioned youth hockey travel team. Understanding that the costs associated with travel hockey programs can be preventative, the goal of this scholarship program is to assist families with the program fees associated with their travel team.

Applications will be accepted until April 30th or one week after the final travel team tryouts for the fall season, whichever is earlier.

Eligibility:

- Applicants must be contracted with a USA Hockey registered youth travel organization located in Clark County, NV
- Applicants must be contracted for the 2024-2025 fall travel season
- Applicants must be 17 years of age or younger

Procedure:

- The following items must be submitted to the Foundation via email at trishmilton@hockeyforkids.org no later than 1 calendar week after the final travel team tryout for the fall 2024-2025 travel season
 - o Attached Application
 - o Copy of signed letter of intent or contract showing the anticipated fees
 - o Written statement of financial need which may also include most recent tax returns or other supporting documentation indicating financial need. Statement can be completed by parent or guardian
- All application questions must be answered completely. Incomplete applications will not be considered
- Applications will be reviewed by the selection committee within two weeks of the final tryout
- Scholarship winner will be contacted via phone and/or email and announced via all Jake Kielb's related social media channels and websites on or before May 15th, 2024
- Winner will work with a representative from Jake Kielb's Hockey Foundation for payment instructions directly to the contracted team

Application

Please complete the application in full. You may add additional sheets for longer answers.

Player/Goalie First Name: _____ Player/Goalie Last Name: _____

Date of Birth: _____

Primary Guardian First Name: _____ Primary Guardian Last Name: _____

Primary Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email Address: _____

Contracted Hockey Team/Organization: _____

Total team fee per contract or letter of intent: _____

Have you played on a travel hockey team before? _____ If Yes, which team(s)? _____

When and how did you start playing hockey?

What do you love most about playing hockey?

Why are you applying for this scholarship?

What financial, social, personal or family-oriented challenges are you currently facing?

What other sports, hobbies or activities do you participate in?

What GPA do you currently have? If you do not have a GPA currently, please tell us about your grades.

What can you do to help the hockey community in Las Vegas?

How do you define sportsmanship?

What are you most excited about for the upcoming season?

I hereby apply for the Jake Kielb's Travel Scholarship. I understand that applying for a scholarship does not automatically result in receiving an award. The information included in the application is correct and true to the best of my knowledge. I also understand that the winner will be featured in social media posts and on the Foundation's website.

Player/Goalie Signature: _____

Primary Guardian Signature: _____

Primary Guardian Printed Name: _____

Date: _____