



CHICAGO HOCKEY INITIATIVE MICRO GRANT APPLICATION

The Chicago Hockey Initiative provides microgrants for Chicago area youth hockey players to reduce the cost of ice time, equipment, league fees, and instruction. Eligible student-athletes will have a sincere interest in the game of hockey, demonstrate positive classroom citizenship, and exhibit sportsmanship in athletics.

The Chicago Hockey Initiative endeavors to support community health and education initiatives in the Chicagoland area through direct volunteer service, special event fundraising, and community outreach activities, with the goal of encouraging active and conscientious lives.

APPLICATION:

- ➔ Incomplete Applications will not be considered;
- ➔ Applications must be completed and returned to:

Chicago Hockey Initiative
PO Box 47859
Chicago, IL 60648

MicroGrant Student Applicant Information

Student-athlete name (first and last): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Date of Birth: _____

Current School: _____

Does the student-athlete receive Title I support, such as free or reduced price lunches, public aid, etc.? Please check one: Yes ____ No ____

How did you discover the Chicago Hockey Initiative MicroGrant application?

Is Parent/Guardian contact address and phone number the same as the student-athlete?

Yes ____ If not, please provide parent/guardian contact information below:

Parent/Guardian name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ - _____ Email Address: _____

The Chicago Hockey Initiative awards microgrants on a rolling basis determined by the volume of applicants. The amount of the grant is discretionary, as determined by the Chicago Hockey Initiative Board of Directors (microgrants will be administered in a minimum amount of \$100). Applicants selected to receive grants will be notified by a Chicago Hockey Initiative board member to arrange delivery of award.

Student-Athlete Statement: What are the three things you enjoy most about hockey?

Parent/Guardian Statement: How does/would your student athlete benefit from playing the sport of hockey?

Teacher and/or Coach Contact Information

Name (first and last): _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone: _____ Email: _____

School (for teachers): _____ League (for coaches): _____

Teacher and/or Coach Statement : How does the student-athlete demonstrate classroom citizenship or exhibit sportsmanship in athletics?

We thank you for your interest in the sport of ice hockey and for your consideration of the Chicago Hockey Initiative as a health and wellness partner. We look forward to your submission!