



## CHICAGO HOCKEY INITIATIVE MICROGRANT 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 60647

### **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 \$300). 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?

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

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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?

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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!