



We Create Opportunity

One Community, One Athlete, One Student at a Time

Inner-City Education Program Scholarship Application Form

Our Mission

Our mission is to help low income children obtain educational and hockey opportunities not otherwise available to them. The Inner-City Education Program is a Chicago-based 501(c)(3) nonprofit corporation.

Important! Before You Begin

How to complete this application...

Please first save this application to a folder on your computer before you fill it out. Click the save button below, save the file under a new name, and then open the file from your computer to get started.

If you prefer to complete the application by hand (i.e. not on a computer), please print the form now to your local printer. Please be sure to print clearly using an ink pen.

The following pages of this document outline the specific application eligibility and submission requirements.

Scholarship Eligibility Requirements

Academic Scholarships

The Inner-City Education Program provides scholarships for Chicago area grade school, junior high, high school or undergraduate college students seeking to receive a tuition-based education.

To be eligible for assistance the student must:

- be actively playing for a USA Hockey or AAU Hockey sanctioned organization
- demonstrate financial need
- maintain a minimum 2.5 Grade Point Average (GPA) on the standard 4.0 scale
- possess a satisfactory discipline record
- demonstrate strong personal character

Each scholarship recipient must execute an undertaking, which will include a commitment to work or perform community service for a minimum of eighty (80) hours during the summer prior to each and every scholarship year. Parents or guardians are responsible for verifying scholarship recipient performance and authorizing the release of relevant academic and behavioral records to the Inner-City Education Program Scholarship Committee.

The student must include the items listed under the Application Checklist on the next page with this Scholarship Application Form.

Hockey Scholarships

While the main focus of the Inner-City Education Program is to provide Academic Scholarships, we also provide financial assistance for a limited number of Chicago-area hockey players 18 years of age and under who are in need.

To be eligible for assistance the player must meet the same criteria as noted above for Academic Scholarships.



Application Checklist

Required Documents To Include With Your Submission (for both Academic and Hockey Scholarships)	New Applicants	Returning Applicants
Completed Scholarship Application Form (this document).	Required	Required
Transcript and discipline records from most recent school.	Required	Required
Copies of parent or guardian most recent IRS federal income tax return 1040 or 1040A including supporting tax schedules (if applicable).	Required	Required
Supporting documentation for Social Security Income, Welfare, Child Support or Workers' Compensation.	Required	Required
2-Page Handwritten Essay: Why do you believe you deserve the opportunity to receive the scholarship?	Required	
2-Page Handwritten Essay: Please explain what hockey means to you. This may include why you love the game, why you play, future hockey goals and how hockey has impacted your life.	Required	
Two (2) Signed <i>Teacher</i> Letter of Recommendation Forms provided by your current teachers (Form #1 and #2).	Required	
One (1) Signed <i>Coach</i> Letter of Recommendation Form provided by your current coach.	Required	

Deadline Date and Submission of Required Application Materials

All Scholarship Applications **must be postmarked no later than June 30th** each school year. Incomplete applications will not be considered. Applicants must mail all of the required application forms and supporting materials listed in the checklist above to:

Inner-City Education Program
P.O. Box 64837
Chicago, IL 60664-0837



Student-Athlete Information

Today's Date (MM/DD/YYYY): ____ / ____ / ____

School Year Applying For: _____ School Grade Applying For: _____

Name: _____
First *Middle* *Last*

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

Phone: ____ - ____ - ____ Date of Birth (MM/DD/YYYY) ____ / ____ / ____

Current School: _____

Name of School You Would Like to Attend in the Fall: _____

Fall Semester Tuition: _____

Student Lives with: Mother Father Stepmother Stepfather Guardian

Other (specify): _____

How long have you been playing hockey? _____

Name of Current Team: _____ Position: _____

Coach's Name: _____
First *Last*

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

Coach's Daytime Phone ____ - ____ - ____ Evening Phone ____ - ____ - ____

Please list any awards or honors you have received playing hockey (e.g. MVP, Hat-Trick, Playmaker, Most Improved, etc.):



Parent or Guardian Information

Mother's (or Guardian):

Name: _____
First Middle Last

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

Daytime Phone: ____ - ____ - ____ Evening Phone: ____ - ____ - ____

Education: Highest Grade Completed _____ School Name _____

Marital Status: Married Single Separated Divorced Widowed

Father's (or Guardian):

Name: _____
First Middle Last

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

Daytime Phone: ____ - ____ - ____ Evening Phone: ____ - ____ - ____

Education: Highest Grade Completed _____ School Name _____

Marital Status: Married Single Separated Divorced Widowed

Siblings:

Number of Brothers ____ Number of Sisters ____

ID	Name	Age	School & Grade	Expected Tuition (for full year)
1				
2				
3				
4				
5				
6				

Use additional pages if needed.



Parent or Guardian Taxable Income Information

Tax Reporting Filing Status:

- Married Married Filing Separately Single Head of Household
- Widowed Did Not File

Size of Household:

Number of Adults Living In Household _____

Number of Children Living In Household _____

Total Household Income Last Year: \$_____

Parent or Guardian Non-Taxable Income Information:

Monthly Child Support Received: \$_____

Monthly Social Security and/or SSI: \$_____

Monthly Welfare and/or AFDC/ADC: \$_____

Monthly Food Stamp Received: \$_____

Monthly Workers' Compensation Received: \$_____

Parent or Guardian Expense Information:

Do You Rent or Own at Your Primary Residence?: Rent Own

Monthly Rent or Mortgage Payment Amount: \$_____

Do You Own or Lease Any Automobile(s)? Yes No

If Yes: How Many? _____ Total Monthly Payment Amount \$_____

1st Automobile Make _____ Model _____ Year _____

2nd Automobile Make _____ Model _____ Year _____

We/I certify that all information provided for the purpose of obtaining a scholarship is true to the best of our/my knowledge.

Signature of Mother/Guardian x_____

Date: ____ / ____ / _____

Signature of Father/Guardian x_____

Date: ____ / ____ / _____