

Inner-City Education (ICE) Program Scholarship Application Form

Our Mission

The Inner-City Education (ICE) Program is a Chicago-based 501(c)(3) not-for-profit corporation. ICE was established in 2003 to help low income children who play hockey obtain educational and athletic opportunities not otherwise available to them.

Important! Before You Begin

How to complete this application...

Please first save this application to a folder on your computer <u>before</u> 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.

Inner-City Education Program c/o Brad Erickson P.O. Box 64837 Chicago, IL 60664-0837 info@innercityeducation.org www.innercityeducation.org www.innercityeducation.org

Scholarship Eligibility Requirements

Academic Scholarships

The Inner-City Education (ICE) 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 ICE 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 (ICE) 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 ICE 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 from your current teachers (Form #1 and #2).	Required	
One (1) Signed <i>Coach</i> Letter of Recommendation Form from your current coach.	Required	

Deadline Date and Submission of Required Application Materials

All ICE Scholarship applications **must be postmarked no later than April 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 c/o Brad Erickson P.O. Box 64837 Chicago, IL 60664-0837

Student Information

Today's Date (MM/DD/Y	YYY):/	′/			
School Year Applying Fo	r:	School Gra	ade Applying Fo	or:	
Name:					
First		Middle		Last	
Address:		City:	§	State: Zip: _	
Phone:	D	ate of Birth	(MM/DD/YYYY)/	
Current School:					
Name of School You Wo	ould Like to A	Attend in the	e Fall:		
Fall Semester Tuition: _					
Student Lives with:	Mother	Father	Stepmother	Stepfather	Guardian
Oth	er (specify):				
How long have you beer	n playing ho	ckey?			
Name of Current Team: Position:					
Coach's Name:					
Address:		City:	5	State: Zip: _	
Coach's Daytime Phone			Evening Pho	one	
Please list any awards o	r honors you	u have recei	ved playing ho	ckey (e.g. MVP, H	łat-Trick,
Playmaker, Most Improve	ed, etc.):				

Parent or Guardian Information

Mother's (or Gua	rdian):					
Name:		Middle			-4	
First		IVIIAAI6	9	Las	ST	
Address:		City:		_ State:	Zip:	
Daytime Phone: _		E	vening Phone: _			
Education: Highe	st Grade Com	pleted	Scho	ool Name		
Marital Status:	Married	Single	Separated	Divorce	d	Widowed
Father's (or Guar	dian):					
Name:						
F	-irst	Middle		Las	st	
Address:		City:		_ State:	Zip:	
Daytime Phone: _		Ev	ening Phone: _			
Education: Highe	st Grade Com	pleted	Scho	ool Name		
Marital Status:	Married	Single	Separated	Divorce	d	Widowed
Siblings:						
Number of Brothe	ers Num	ber of Sisters	S			

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 Fili	ng Status:		
Married	Head of Household		
Widowed	Did Not File		
Size of Househol	d:		
Number of Adults	s Living In Household		
Number of Childr	ren Living In Household		
Total Household	Income Last Year: \$		
Parent or Guardi	an Non-Taxable Income Inforn	nation:	
Monthly Child Su	pport Received: \$		
Monthly Social S	ecurity and/or SSI: \$		
Monthly Welfare	and/or AFDC/ADC: \$		
Monthly Food Sta	amp Received: \$		
Monthly Workers	'Compensation Received: \$_		
Parent or Guardi	an Expense Information:		
Do You Rent or C	Own at Your Primary Residence	e?: Rent	Own
Monthly Rent or I	Mortgage Payment Amount:	\$	
Do You Own or L	ease Any Automobile(s)?	Yes No	
If Yes: How Many	/? Total Monthly Payme	nt Amount \$	
1st Automobile N	Make Mo	odel	Year
2nd Automobile I	Year		
_	t all information provided for rue to the best of our/my kr		of obtaining a
Signature of Mo	other/Guardian x		
Date: /	_/		
Signature of Fa	ther/Guardian x		
Date: /	/		