



**EVANSTON YOUTH HOCKEY ASSOCIATION
THOMAS MARIO PIGOZZI
MEMORIAL SCHOLARSHIP APPLICATION**

(To be completed with Parent/Guardian)

Applicants Name _____

Address _____

Phone Number _____ E-Mail _____

Parent/Guardian Name _____

Address _____

Phone Number _____ E-Mail _____

Parent /Guardian Employer _____

Household Income (Gross) _____

Level of Play (Check One) Beginner _____ Intermediate _____

Mite _____ Squirt _____ Pee wee _____ Bantam _____ HS _____

EYHA Program (Check One) House _____ Travel _____

References:

