



## Gabe Fleming Memorial Hockey Scholarship Fund

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### Contact Information

3051 104th St., STE A  
Urbandale, IA 50322

[www.GabeFlemingMHSF.org](http://www.GabeFlemingMHSF.org)

August 2, 2017

Dear Applicant:

Enclosed is a confidential Youth Hockey Financial Assistance Application for the Gabe Fleming Memorial Hockey Scholarship Fund ("the Fund"). The Fund is a not for profit corporation that was established for the purpose of raising money to provide financial assistance to young hockey players in the Des Moines area. It was founded in loving memory of Gabe Fleming.

Financial assistance for fees relating to participation in the house league or high school league through the Des Moines Youth Hockey Association ("the DMYHA") will be considered and granted based on the following criteria:

- Availability of funds
- Financial need of the parent(s) and child applicant
- Number of years the child applicant has belonged to the DMYHA
- Positive character of the child applicant, including sportsmanship, leadership and participation in extracurricular activities
- Special personal circumstances involving the child applicant
- Academic record of the child applicant

Please complete and submit the following as part of your scholarship application:

- Completed Youth Hockey Financial Assistance Application (2017)
- Copy of child applicant academic report card for the last two completed semesters (if applicable)
- Signed statement of financial need
- Copy of Release Agreement

The deadline for Financial Assistance Applications for the upcoming season and the first session of the DMYHA Learn to Skate is September 15, 2017. All Applications related to these DMYHA programs must be received or postmarked no later than September 15, 2017.

The deadline for Financial Assistance Applications for the second session of DMYHA Learn to Play Program is December 15, 2017. All Applications for the second session must be received or postmarked no later than December 15, 2017.

All submitted Application forms and supporting information will be kept confidential by the Fund. The Fund will retain all submitted supporting documents, so please provide copies and keep your originals. You will be contacted in the event there are any questions regarding your application, and you will be notified as soon as a decision has been made.

Please mail the completed Application and necessary attachments to the following:

Gabe Fleming Memorial Hockey Scholarship Fund  
c/o Zak Fleming  
3051 104th St. STE A  
Urbandale, IA 50322

Sincerely,

Zak Fleming, President  
Gabe Fleming Memorial Hockey Scholarship Fund  
[zak@flemingconstructionllc.com](mailto:zak@flemingconstructionllc.com)



**Gabe Fleming Memorial Hockey Scholarship Fund**  
Youth Hockey Financial Assistance Application (2017)

Completed Applications must be postmarked by September 15, 2017 \*

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Grade Entering in the Fall: \_\_\_\_\_

Learn to Play Program:

Learn to Play – Session #1  Learn to Play – Session #2 \*

\* The application deadline for the second session of Learn to Play is December 15, 2017.

League Playing Level (Check One):

6u Mini-Mite  8u RWB  10u Squirt  
 12u PeeWee  14u Bantam  Metro High School

Number of years playing hockey: \_\_\_\_\_  
Number of years playing in a DMYHA league: \_\_\_\_\_

To be completed by child with assistance, if needed:

1. What does sportsmanship mean to you?

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2. What qualities do you have that you believe will help your teammates and the youth hockey program?

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3. Please list up to 5 extracurricular activities (including volunteer community service and/or organizations) that you participate in outside of hockey.

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I understand that I am responsible for submitting the following information in order to apply and be considered for this award of financial assistance:

- Completed Youth Hockey Financial Assistance Application (2017)
- Completed Release Agreement
- Copy of child applicant academic report card (if applicable) for the last two completed semesters
- Signed statement of financial need

I certify that the information provided in this Application is accurate, and I give authorization to the Gabe Fleming Memorial Hockey Scholarship Fund to verify the information contained within this Application. Deliberate misrepresentation of material facts in this Application may be cause for disqualification. I understand that awards of financial assistance are granted through a confidential Board of Trustee process based upon outlined criteria, and there is no guarantee made regarding the awarding of financial assistance or the amount of any award. I also understand that the Fund's financial assistance awards are determined annually, and that I must apply each year for financial assistance consideration.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Please mail the completed Application and necessary attachments to the following address:

Gabe Fleming Memorial Hockey Scholarship Fund  
c/o Zak Fleming  
3051 104th St. STE A,  
Urbandale, IA 50322



### Release Agreement

As the Parent and/or Legal Guardian of \_\_\_\_\_ (name of minor child), I hereby authorize the Gabe Fleming Memorial Hockey Scholarship Fund (“the Fund”), and its Board Members, agents and/or representatives, to use my child’s image and name in all forms and media, for publicity and/or recognition purposes. Consequently, the Fund may publish materials and photographs, use my child’s name, and make reference to my child in any manner that the Fund deems appropriate in order to promote the Fund.

I waive the right to inspect or approve versions of my child’s image used for publication or the written copy that may be used in connection with the images. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

I hereby release the Fund, its Board Members, agents and representatives, from all claims, demands and causes of action that may result from use of this authorization.

I am the parent or guardian of the minor named above. I have the legal right to consent to, and do consent to, the terms and conditions of this release.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_