



Tony Rolon Hockey Scholarship Fund St. Matthias Lutheran Church

2751 Sunset Point Road
Clearwater, Florida 33759

The Tony Rolon Hockey Scholarship Fund was established in 2012 in memory of Tony Rolon. As a community outreach ministry of St. Matthias Lutheran Church, its mission is to:

Provide financial assistance for children to participate in youth ice hockey programs.

Monetary assistance is given to youth who are:

- Age 6 to 18
- Live in Pinellas, Pasco, Hernando, Hillsborough, Manatee, or Sarasota Counties.
- Have a 2.0 or higher grade point average
- Whose family income is at or below the following 2015 thresholds:

Persons in Family	Income Threshold
1	\$29,425
2	\$39,825
3	\$50,225
4	\$60,625
5	\$71,025
6	\$81,425
For families with more than 6 persons, add \$10,400 for each additional member.	

Qualified families are invited to apply for assistance between June 1 and July 31 for the fall/winter season and January 1 and February 28 for the spring/summer season.

Please send all completed applications along with the required attachments postmarked no later than the end date for each period to:

Tony Rolon Hockey Scholarship Fund
St. Matthias Lutheran Church
2751 Sunset Point Rd
Clearwater FL 33759

Please call or email us if you have questions or need assistance in filling out the application form.

Office Phone: 727-796-2200
Email: info@TonyRolonHockeyFund.org
www.TonyRolonHockeyFund.org



Tony Rolon Hockey Scholarship Fund
A Ministry of St. Matthias Lutheran Church, ELCA
2751 Sunset Point Road
Clearwater, FL 33759

Personal Information

Name of Applicant _____

Date of Birth _____

Name of Parent or Gaurdian _____

Address _____

County of Residence _____

Phone Number _____

Email _____

If less than 12 months at this address, list prior address and specify the county

Student's GPA _____

Annual family income _____

Number of family members _____

Scholarship Information

Name of organized hockey program (specify in house or travel)

Name of home rink for the hockey program

Program start date _____

Cost of program _____

Amount of assistance you are requesting _____

Please attach:

1. A copy of the student's transcript of grades or a copy of their latest report card.
2. The last two years of your federal tax returns.

Applications should be completed and returned to:

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