

LAMBTON SHORES MINOR HOCKEY ASSOCIATION SCHOLARSHIP

In conjunction with

INTERNATIONAL SILVER STICK HOCKEY ASSOCIATION

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE # _____

BIRTHDATE (month/day/year) _____ BIRTHPLACE _____

*Any Midget/Juvenile age (boys) and Midget/Intermediate (girls) who are currently or formerly members of Lambton Shores Hockey Association are eligible to apply for this scholarship.

NUMBER OF YEARS PLAYED IN THE LAMBTON SHORES (Forest) MINOR HOCKEY SYSTEM _____

NAME OF TEAM CURRENTLY PLAYING FOR _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

NAME(S) AND AGE(S) OF SIBLINGS LIVING AT HOME _____

CURRENT SCHOOL ATTENDING _____

ADDRESS OF SCHOOL _____

GRADE LEVEL _____ GRADUATION DATE _____

PLANNED COLLEGE/UNIVERSITY ENROLLMENT DATE _____

NAME OF COLLEGE/UNIVERSITY _____

EXTRACURRICULAR OR VOLUNTEER ACTIVITIES YOU HAVE BEEN INVOLVED IN _____

SIGNATURE OF PARENT/GUARDIAN _____

SIGNATURE OF APPLICANT _____

Please see page 2 for important additional information

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PLEASE PROVIDE THE FOLLOWING INFORMATION WITH YOUR APPLICATION:

- A COPY OF YOUR MOST RECENT GRADE TRANSCRIPT
- A RECENT PHOTOGRAPH OF YOURSELF
- AN ESSAY IN YOUR OWN HANDWRITING TELLING US ABOUT YOUR HOBBIES, INTERESTS AND ANY JOBS THAT YOU HAVE HAD. TELL US WHY YOU FEEL THAT YOU SHOULD RECEIVE THIS SCHOLARSHIP.
- BRIEF **LETTERS OF RECOMMENDATION** FROM A SCHOOL OFFICIAL (COUNSELLOR, TEACHER, ETC.), YOUR HOCKEY COACH AND EMPLOYER (IF YOU HAVE ONE).
- FEEL FREE TO INCLUDE ANY ADDITIONAL INFORMATION THAT YOU WOULD LIKE THE COMMITTEE TO CONSIDER WHEN EVALUATING YOUR APPLICATION.

*ALL APPLICATIONS MUST BE RECEIVED NO LATER THAN **April 1, 2011** IN ORDER TO BE CONSIDERED FOR THIS YEAR'S SCHOLARSHIP.*

PLEASE MAIL COMPLETED APPLICATION WITH ALL REQUESTED DOCUMENTS TO:

LAMBTON SHORES MINOR HOCKEY ASSOCIATION

SILVER STICK SCHOLARSHIP COMMITTEE

c/o Allan McColl

5738 Douglas Line

Plympton-Wyoming, ON

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