



APPLICATION FOR SCHOLARSHIP

Minnesota Hockey – Attn: Exec Director
317 Washington Street
St. Paul, MN 55102

(If you need additional space, please attach a separate sheet.)
(Please see application instructions before filling out application-other items are required.)

DATE _____

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS CITY STATE ZIP CODE

BIRTH DATE HOME PHONE NUMBER

FATHER'S NAME OCCUPATION EMPLOYER

MOTHER'S NAME OCCUPATION EMPLOYER

NUMBER OF SISTERS: AGES: NUMBER IN COLLEGE: NUMBER AT HOME:

NUMBER OF BROTHERS: AGES: NUMBER IN COLLEGE: NUMBER AT HOME:

DO YOUR PARENTS PROVIDE SUPPORT FOR ANYONE OTHER THAN YOURSELF, YOUR BROTHERS AND SISTERS?

(Please circle) YES NO

IF YES, DESCRIBE

WHAT COLLEGE DO YOU PLAN TO ATTEND?

WHAT IS YOUR PLANNED MAJOR? MINOR? WHY?

HOW DO YOU PLAN TO FINANCE YOUR COLLEGE EDUCATION?

IN WHICH EXTRACURRICULAR ACTIVITIES DO YOU PLAN TO PARTICIPATE IN WHILE IN COLLEGE?

PLEASE LIST THE FOLLOWING INFORMATION REGARDING YOUR HOCKEY EXPERIENCE:

HOW MANY YEARS HAVE YOU PLAYED HOCKEY?

AT WHAT CLASSIFICATION AND LEVEL DID YOU PLAY: (Please circle all that apply)

I Team you played for this season?

YOUTH: **MITES** **SQUIRTS** A B **PEE WEE** A B **BANTAM** A B **JR. GOLD** A B **HIGH SCHOOL** VAR JV I

GIRLS: **MITES** **10U** **12U** A B **14U** A B **19U** **WOMEN'S SENIOR** **HIGH SCHOOL** VAR JV I

PLEASE LIST ANY COMMUNITY ACTIVITY OR VOLUNTEER WORK YOU PARTICIPATED IN DURING THE PAST 4 YEARS (example: Boy Scouts, Girl Scouts, Park & Recreation Volunteer)

COMMENTS:

If you need additional space for any answers, please attach a separate sheet.

Please complete both sides of this application

EDUCATIONAL BACKGROUND

NAME AND ADDRESS OF SCHOOL		FROM (YR)	TO (YR)	TYPE OF COURSE (College Prep, Vocational, General)	GPA (attach transcript)	ACT SCORE (attach copy)
HIGH SCHOOL						
COLLEGE/ VOCATIONAL COURSES (If any)						

HONORS AND AWARDS ACHIEVED IN HIGH SCHOOL:

EXTRACURRICULAR ACTIVITIES:

HOBBIES AND INTERESTS:

REFERENCES:

LIST TWO PERSONS WHO WILL WRITE LETTERS OF RECOMMENDATION FOR YOU. (One must be from your current youth hockey coach and one from a teacher, school counselor or community leader.) LETTERS SHOULD BE SENT BY THE REFERENCE DIRECTLY TO THE SCHOLARSHIP COMMITTEE ADDRESS ABOVE:

NAME OF REFERENCE	OCCUPATION	ADDRESS	TELEPHONE

If you need additional space for any answers, please attach a separate sheet.

Please complete both sides of this application