



South Shore Eagles Youth Hockey

Scholarship Application 2025



Part 1: Personal Information

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Part 2: South Shore Eagles History

Applicants must have been a registered player in good standing for a minimum of 3 years
Please list below all Eagles teams rostered on

Year	Level	Coach

Part 3: High School Information

Name of School: _____ Graduation date: _____

School Address: _____ City: _____

School Telephone: _____

Part 4: College/University Information:

Name of School Attending in the fall: _____

Course of study: _____

Part 5: Personal Statement

In 500 words or less, on a separate sheet of paper, describe a time when playing hockey had a significant influence and impact on your life or personal development .

Part 6: Guidance Counselor Certification Form

Please have the attached form completed by your Guidance Counselor
Your Guidance Counselor can either email or mail to the SS Eagles Secretary

Submit completed application and all related material via email or mail to:
secretary.sseagles@gmail.com

Completed application must be received **no later than** April 28, 2025

