The Larry Sanderson Honorary Scholarship Application

Sponsored By Missouri Hockey INC.

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Application postmark deadline February 15, of the Application Year

Applicants Requirements::

- HS Graduates that have Five (5) years of enrollment with Missouri Hockey Program
- Must enroll is an accredited two (2) / four (4) year College/University or a Vocational/Technical School
- Must have GPA of 3.0 or higher

Applicants will be notified as to their selection status. Not all applicants to the program will be selected as recipients.

APPLICANT DATA

Last Name _____ First _____ Middle Initial _____

Home Mailing Address _____

City _____ State _____ Zip Code _____

Telephone (_____) _____ E-mail Address _____

Date of Birth: Month _____ Day _____ Year _____

PARENT OR GUARDIAN INFORMATION

Parent/Guardian Name _____

E-mail Address _____ Telephone (_____) _____

HIGH SCHOOL DATA

School Name _____ High School Graduation Date: Month _____ Year _____

City _____ State _____ Telephone (_____)_____

Current GPA: _____ ACT Score: _____ SAT Score: _____ Class Rank: _____

ACTIVITIES, AWARDS, HONORS & INTERESTS

Special Awards and/or Recognition: _____

_____

_____

Community Service:_____

_____

_____

Hobbies & Interests:_____

_____

QUESTIONS

Please limit your answer to one type written page per question.

1. Discuss how playing ice hockey has helped your development as a person in various aspects of your life

2. Discuss how this Scholarship will assist you in your future education and life goals.

LETTERS OF RECOMMENDATION AND MAILING INSTRUCTIONS

Please Include two (2) letters of recommendation with your application

All materials must be addressed to: (It is suggested that your package be sent with tracking info)

Missouri Hockey INC
Attn: Scholarship Committee
11648 Gravois Rd Suite 110
St. Louis, MO 63126

Postmark deadline February 15, of the Application Year

CERTIFICATION

The MHI Scholarship Committee has the sole responsibility for selecting recipients based on criteria as set forth in the program's eligibility and requirements. This application becomes the property of Missouri Hockey INC.. (It is recommended that you keep a copy for your files.)

I acknowledge decisions of the MHI Scholarship Committee are final. I certify I meet eligibility requirements of the program as described and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. Falsification of information may result in termination of any award granted.

Applicant's Signature _____ Date _____

Member's Parent or Guardian's Signature _____ Date _____
(Required only if applicant is under 18 years old)