



NORTH AMERICAN HOCKEY ACADEMY

3866 VT Rt 242, Jay Vermont 05859 USA
p. 802-988-9800 e. billdris@winter-hawks.org
www.winter-hawks.org

Specializing in Programs for Female Hockey Players

APPLICATION FOR ADMISSION

DATE: _____

Please enclose the following. Your application cannot be reviewed until it is complete:

- A non-refundable application fee of \$50USD, payable to NAHA.
- A recent photograph of the candidate.
- A complete high-school transcript (does not have to be 'official').
- Distribute for return the Coach's and Teacher's Recommendation.

Name: _____ Social Sec. #: _____

Home Address: _____

City: _____ St/Prov.: _____ Zip/Postal code: _____

Home tel: _____ Home fax: _____ Applicant's email: _____

Date of Birth: _____ Citizenship: _____

Present school: _____ Present grade: _____ Do you live at school? _____

Grade Point Average: _____ Proposed year of entrance: _____ Proposed grade: _____

How did you learn about this program?

Student lives with: Mother Father Both Other

Mother's Name: _____ Living: Y N

Address: _____

Home Tel: _____ Mother's email: _____

Occupation: _____ Employer: _____

Business telephone: _____ Schools/colleges attended: _____

Father's Name: _____ Living: Y N

Address: _____

Home Tel: _____ Father's email: _____

Occupation: _____ Employer: _____

Business telephone: _____ Schools/colleges attended: _____

Name of High School: _____ Guidance Counselor: _____

Address: _____

Guidance ph#: _____ Fax #: _____ Email: _____

Applicant: COMPLETE THE FOLLOWING IN YOUR OWN HANDWRITING
My proudest accomplishment is...

In a friend, I look most for....

I perform best for the teacher who...

On weekends I like to...

The three people I most admire are...

My greatest strength is...

My greatest weakness is...

PARENT OR GUARDIAN: Please complete the following (use additional space if needed):
Is there anything you'd like to tell us about the applicant that can both help us evaluate her as a potential member of our community or to assist her once she's here? Is there any special learning need, physical, mental or emotional condition or anything else that we should know about the applicant?

Signature of the parent legally responsible for the applicant.

Date



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CONFIDENTIAL COACH'S RECOMMENDATION

Candidate's Name: _____

How many years have you known the player? _____

At what level(s) have you coached the player? _____

Please describe your overall impression of the player as to ability, potential and desire to play at the elite level for girls her age: _____

Please describe your overall impression of the athlete's work ethic, desire and motivation: _____

How does this player relate to her peers on a team: _____

Please describe an experience you've had with this athlete that best illustrates her as a person:

Please describe an experience you've had with this athlete that best illustrates her as an athlete and her potential: _____

Please rate this athlete as you see her at this stage of her career:

	<i>Top 5%</i>	<i>5-20%</i>	<i>20-50%</i>	<i>50-75%</i>	<i>Lower 25%</i>
<i>Athletic achievement</i>					
<i>Athletic potential</i>					
<i>Character</i>					

Coach's name: _____ Date: _____ Team: _____

____ please check if you would like a call from our coaching staff; day phone _____

Please use the back for any additional comments.

Thank you!

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CONFIDENTIAL TEACHER'S RECOMMENDATION

Candidate's Name: _____

What course(s) have you taught the candidate? _____

What course level is the student ready to handle next year?
 ___ Accelerated ___ Moderately paced ___ Slower paced

Please tell us about the candidate's intellectual interests, ability and academic achievement?
 Does performance equal potential? _____

What observations can you make about the student's qualities as a person? (such as relationships with peers, adults; personality and character):

Please use the back for any insight and further comments you may wish to make about the applicant (home environment, strengths/weaknesses, social or emotional strengths or limitations).

Please rate this student as you see her at your school:

	<i>Top 5%</i>	<i>5-20%</i>	<i>20-50%</i>	<i>50-75%</i>	<i>Lower 25%</i>
<i>Academic achievement</i>					
<i>Academic potential</i>					
<i>Character</i>					

Teacher's name: _____ Date: _____ Subject: _____
 ___ please check if you would like a call from our academic staff; day phone

Please use the back for any additional comments. This document will be destroyed upon completion of our admissions review.

Thank you!



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PLAYER PROFILE

Name: _____ Date of birth: _____
Address: _____ Social Security No.: ____ - ____ - ____
City: _____ St/Prov: _____ Zip/PC: _____ Country: _____
Current school: _____ Current year in school: _____
GPA: _____ Class rank: _____ Classes (honors, college prep, AP) _____
SAT: M ____ V ____ Wr ____ Subject Tests: _____ ACT: _____
Home phone: _____ Player cell: _____ Email: _____
Height: _____ Weight: _____ Position: _____ Shoot: L R
Last year's team: _____ Level: _____
Coach: _____ Phone: _____
Address: _____ Email: _____
City: _____ St/Prov: _____ Zip/PC: _____ Country: _____

Below and on the back, please answer the following:

1. Please list honors you've won, special accomplishments, All-Star teams, Regional/National competition and teams:
2. What are your goals in hockey and how do you expect NAHA to help you meet them:
3. Describe the attributes you bring to NAHA:

Please attach a schedule for this season, or forward when available. Keep us informed of any post-season play, select teams or out of season hockey you'll be playing

