



# LAKELAND HOCKEY ASSOCIATION SCHOLARSHIP APPLICATION



**LHA Academic / Dean Scott Lee Memorial / Cevil Beasley Memorial**

**Circle the Scholarship(s) for which you are applying  
Please review the qualifications for each scholarship before applying!**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Father's Occupation \_\_\_\_\_

Mother's Name \_\_\_\_\_ Mother's Occupation \_\_\_\_\_

**Years Affiliated with LHA (list each year, division, & head coach)**

**-List additional years on the back of this sheet**

Year	Division	Head Coach

University, College to which you have applied \_\_\_\_\_

Field of Study or Major \_\_\_\_\_

School Activities \_\_\_\_\_

Community Activities \_\_\_\_\_

Leadership Roles (Organizations) \_\_\_\_\_

Honors and/or Awards \_\_\_\_\_

**Copy of Transcript requested**

**Personal Statement of Future Goals**





