



## 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 SOCIAL SECURITY # HOME PHONE NUMBER

FATHER'S NAME OCCUPATION EMPLOYER ANNUAL INCOME  
(required)

MOTHER'S NAME OCCUPATION EMPLOYER ANNUAL INCOME  
(required)

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:

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EXTRACURRICULAR ACTIVITIES:

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HOBBIES AND INTERESTS:

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## **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