



# 2023-2024 MEDICINE HAT MINOR HOCKEY ASSOCIATION SCHOLARSHIP FORM

Last Name:		First Name:	
Mailing Address::			
Street: _____			
City:		State:	Postal Code:
Daytime Telephone Number: (      )			
Date of Birth:	Month	Day	Year
High School presently attending:			
Anticipated graduation date:			
3 years enrolled in Medicine Hat Minor Hockey: (please detail the seasons, ie. 2020-2021, 2021-2022)			
I will be attending the following school in the Fall of:			
Name:			
Program:			
Proof of acceptance or current student enrollment from the above school is required prior to receipt of funds			

## STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote the scholarship program.

Signature of scholarship applicant: \_\_\_\_\_

Date: \_\_\_\_\_

**Please include a personal letter explaining how hockey has impacted your life, details outlining your involvement as a player, any community involvement you take part in, and why you believe you deserve the scholarship. Letters of reference are also permitted.**