



2025-2026 MEDICINE HAT MINOR HOCKEY ASSOCIATION SCHOLARSHIP FORM

Last Name:		First Name:	
Mailing Address::			
Street: _____			
City:		State:	Postal Code:
Phone 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. 2022-2023, 2023-2024)			
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.			

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

“Medicine Hat Minor Hockey Association Scholarships” are awarded to recognize Medicine Hat Minor Hockey Association players who have demonstrated a strong commitment to the sport of hockey through active participation and volunteer involvement in the community.

Up to two (2) yearly \$1000 scholarships will be awarded at the end of each season.

Application Process:

1. Applicants are required to complete and submit the current season's “MHMHA Scholarship Application Form” and all required documentation by June 12th. Incomplete or late applications will not be considered. All application materials must be submitted by email to info@mhmha.ca. Paper copies will not be accepted. Please do not deliver applications in person to the office.
2. The following must accompany the completed application form:
 - a. Personal letter explaining how hockey has impacted their life, future academic goals, details outlining involvement as a player and why he/she believes they deserve the scholarship
 - b. Proof of enrollment at a recognized post-secondary institution.
3. The Scholarship Selection Committee will review all applications and supporting documentation submitted. Selection will be based on demonstrated participation in hockey with Medicine Hat Minor Hockey Association and involvement in the community.
4. A Scholarship Selection Committee composed of three (3) people and will be identified each season provided that they do not have a conflict of interest.
5. The Scholarship Selection Committee reserves the right to not award a scholarship if a suitable application is not received. Decisions of the Scholarship Selection Committee are final.
6. Scholarship recipients will be announced on the MHMHA website and social media once selected.
7. Funds will be paid directly to the successful applicant(s) by August 15th.

Eligibility:

1. Applicants must be enrolled in a post-secondary institution (i.e. universities, community colleges, technical institutions).
2. Applicants must have been a registered player for a minimum of three (3) seasons with Medicine Hat Minor Hockey Association.
3. Applicants may apply for a scholarship annually but may only be awarded one.