



## APPLICATION FOR SCHOLARSHIP

Minnesota Hockey – Attn: Exec Director  
400 N Wabasha St Suite #340  
St. Paul, MN 55102

(If you need additional space, please attach a separate sheet.)  
(Please see application instructions before filling out the application-other items are required.)

DATE \_\_\_\_\_

FIRST NAME \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ HOME PHONE NUMBER \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_ OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

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

Email Address:

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?

HOW MANY YEARS HAVE YOU PLAYED HOCKEY and What Team did you play on this past season?

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.

**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