



SASKATCHEWAN HOCKEY ASSOCIATION

#2 - 575 Park Street, Regina, SK S4N 5B2
Phone: (306) 789-5101 • Fax: (306) 789-6112
Website: www.sha.sk.ca

February 1, 2019

Memorandum

To: Saskatchewan Hockey Association Membership
From: Kelly McClintock
Re: Craig Hartl Memorial Scholarship

On behalf of Don and Kim Hartl of Lake Lenore, Saskatchewan, I would like to announce an opportunity for Goaltenders within the Province who will be graduating from Grade 12 this year to apply for a \$1,000 Scholarship to honour the memory of their son Craig Hartl.

Craig was a young man who grew up in Lake Lenore playing hockey and the position he loved, Goaltender. Craig passed away in January, 2018 and his family wishes to honour his memory and love of a Hockey Goaltender by offering an annual scholarship of \$1,000. The criteria for the Scholarship is as follows;

- The candidate must have completed their grade 12, and they will be attending – university, college, or a trade school.
- They must have been registered in Saskatchewan **as a goalie** for at least 3 years.
- The candidate must be in good standing in the SHA.
- The student must be an avid volunteer both in the community and in their school.
- Please attach two (2) letters of reference with the application.
- The scholarship will be paid out upon proof of enrollment and acceptance of their chosen post-secondary school.
- Applicant will be required to fill out and return the application and required documents by March 1 of each year.

Attached is an application form that must be completed and forwarded to the Saskatchewan Hockey Association address listed.

The Scholarship recipient will be chosen by the Don, Kim and Cortney Hartl, Craig's family.

"Shaping character for life... more than a game."





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APPLICATION FOR THE CRAIG HARTL MEMORIAL SCHOLARSHIP PROGRAM

To: Saskatchewan Hockey Association
#2 - 575 Park Street
Regina, SK S4N 5B2
Attention: General Manager

Name of Applicant _____ S.I.N. _____

Date of Birth _____ Telephone _____

Present Address _____ City/Town _____ Postal Code _____

Parents Address _____ City/Town _____ Postal Code _____

Team Registered with in the current hockey season _____

Enclosed are the following:

1. A copy of my most recent academic marks, one of which should be:
 - a) Statement from the Department of Education or "Transcript of Secondary Level Achievement"
 - b) If using post-secondary marks, also enclose a copy of Grade 12 marks.
2. A summary of activities in the community and/or school that I have participated in and the role I played in each. Please be sure to include all activities.
3. Two (2) letters of reference.

NOTE: Refer to the attached Craig Hartl Memorial Scholarship Memo for a listing of the criteria.

Application Deadline Date

March 1st, Annually

I have read the criteria governing the Craig Hartl Memorial Scholarship Program and I believe that I qualify.

Signature of Applicant

Date

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