

**APPLICATION FOR THE HOCKEY EDUCATION ASSISTANCE PROGRAM FOR
REGISTERED MEMBERS OF SHA**

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 _____

Circle the Applicable Zone

Circle One Division (if applicable)

Zone 1 2 3 4 5 6 7 8 Midget AAA Junior A, B, C Senior Female

Number of years registered with SHA _____

<u>Hockey Background</u>	<u>Referee</u>	<u>Player</u>	<u>Coach</u>	<u>Team or Association</u>
20__ - 20__	_____	_____	_____	_____
20__ - 20__	_____	_____	_____	_____
20__ - 20__	_____	_____	_____	_____

Institution enrolled at _____

Course enrolled in _____

Course commence on _____ 20__

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 brief summary of activities in the community and/or school that I have participated in the role I played in each. Please be sure to include all activities.
3. Two (2) letters of reference.

NOTE: Must be going to attend a Saskatchewan based university, affiliate college or Saskatchewan Polytechnic within four (4) years of awarding the scholarship.

I have read the criteria governing the Hockey Education Assistance Program and I believe that I qualify.

Signature of Applicant

Date

***Final application date is August 31 of the hockey season.**