



Scholarship/Bursary # _____

COWICHAN VALLEY MINOR HOCKEY ASSOCIATION SCHOLARSHIP APPLICATION

NAME: _____

ADDRESS: _____

PHONE NO.: _____ S.I.N. : _____

BIRTHDATE: _____ GRADUATION YEAR/MONTH _____

NAME OF FATHER/GUARDIAN: _____ OCCUPATION: _____

NAME OF MOTHER/GUARDIAN: _____ OCCUPATION: _____

NUMBER OF DEPENDANT CHILDREN IN FAMILY (LIST AGES): _____

EXTRA CURRICULAR ACTIVITIES (list school and community activities in which you have participated, and any official positions you have held in those activities):

COLLEGE, UNIVERSITY OR OTHER POST-SECONDARY SCHOOL YOU WILL ENROLL IN:

AMBITION (ultimate aim): _____

LIST YEARS INVOLVED WITH COWICHAN VALLEY MINOR HOCKEY ASSOCIATION AS A PLAYER OR REFEREE:

DIVISION	_____	YEAR	_____
DIVISION	_____	YEAR	_____
DIVISION	_____	YEAR	_____
DIVISION	_____	YEAR	_____

THIS APPLICATION MUST BE ACCOMPANIED BY:

- a) A copy of the applicant's transcript for Grade 11 and final marks for the first semester for Grade 12 and any interim marks for courses in progress;
- b) Letter of recommendation from school principal and/or teacher;
- c) Letter from applicant's most recent hockey coach or referee-in-chief.

PLEASE HAND IN TO SCHOOL FOR DELIVERY TO COWICHAN VALLEY MINOR HOCKEY ASSOCIATION