**RON BRODEUR SCHOLARSHIP PROGRAM**

**APPLICATION**

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| Athlete’s Name:  |  |
| EFHL Team: |  |
| Athlete’s Address: | (City/Province/Postal Code) |
| DOB | (Year/Month/Day) |
| Telephone |  |
| E-mail address: |  |
| School Attending: |  |
| Grade: |  |
| Career Ambition(s): |  |
| Academic Accomplishments: |  |
| Community Engagement: |  |
| Athletic Accomplishments: |  |
| Collateral: | May be attached to email or enclosed with delivered documents |

**Submit Applications to:**  office@hockeyedmonton.ca Attn: Ron Brodeur Scholarship