

OKANAGAN MAINLINE AMATEUR HOCKEY ASSOCIATION

Central Office
P. O. Box 370
Lumby, B.C.
V0E 2G0
omahaed@hotmail.com
Phone 250-547-6411/Fax 250-547-6422

OMAHA SCHOLARSHIP APPLICATION

Name:	Date:		
(PLEASE PRINT)			
Address;	e.		
(Mailing address)	(City)	(Postal Code)	
Tele/Fax:	Email:		
Age:	Date of Birth:/	/	
1. State your proposed course of study and wh	nere you would attend:		
2. List other scholarships or bursaries that you	ı have been awarded.		
3. List the names, addresses and contact numb contributions to hockey (A letter of support ma	pers of two (2) individuals most fay be included with application).	amiliar with your	
4. List your involvement with hockey the last	four (4) seasons.		
5. List individual and team hockey or officiation	ng awards you received.		

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Please attach any additional information on the above items. This application must be accompanied by:

- Letter from applicant's Hockey Coach or Referee In Chief
- Letter from applicant's Minor Hockey Association
- Copy of applicant's school records with letter from the school

In lieu of this application form, a personal letter of application outlining hockey and community contributions will be accepted.

APPLICATION DEADLINE IS APRIL 30 OF THE CURRENT SEASON. Applications received after April 30th will not be given consideration. Forward to OMAHA Central Office, Box 370, Lumby, BC V0E 2G0. Fax no. is 250-547-6422