



Lloydminster Minor Hockey Scholarship Award Application

Applicant's Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Telephone: _____ Email Address: _____

College/University Applied to: _____

Address: _____ City: _____

Province: _____ Postal Code: _____

Name of Program (Certificate/Diploma/Degree) Applied For: _____

Program Start Date: _____

If awarded this scholarship, proof of enrollment is required.

Eligibility:

Applicants must meet the following criteria:

1. Has been in school and is a member of the current graduating class
2. Has submitted the required application information before May 15th of the current year.
3. At time of awarding the scholarship, is enrolled in a full time post-secondary institution
4. Provide two written references in support of your application
5. Has been a player or referee with LMHA over the course of their hockey career

Brief outline of demonstrated leadership, athletic, and volunteer activities.



Applicant's Academic Achievements:

LMHA Hockey Career:

List of Scholarships applied for:

List of Scholarships received:

Why should this scholarship be awarded to you:

Submit Completed Application to:
Lloydminster Minor Hockey Association
#4, 5202 12 Street
Lloydminster, Alberta
T9V 0W1

Deadline: May 15th of current year.