

SDMHA Graduating Scholarship Application Form

Name:					
Address:					
City:			Postal Code:		
Telephone Number:			E-mail Address:		
Team Name:			Date of Birth:		
Current Hockey Asso	ciation:				
2. Educational	History:				
From (Year)	To (Year) Educational Institution Attended		Program of Study		
3. Future Cour Describe your plan		e of study and the post	-secondary institution(s) you hope to attend:	
	ccomplishments		c recognition you have	received and the date or year	
ist any scholarsh			c recognition you have	received and the date or year	
ist any scholarsh			c recognition you have	received and the date or year	

5. Hockey Participation:

· ·			1					
Season	Association	Division	Team	Other Hockey-Related Activities (Specify)				
6. Refere	eeing:							
	an active referee, plea	se indicate your of	fficial's number:					
ii you are	all active referee, pied	se malcate your or	ficial s fluffiber.					
7. Hocke	y Related Awards:							
List any indi	ividual or team awards	you have received	d in hockey:					
8. Comm	nunity Service:							
List contribu	utions you have made t	to your community	y:					
	·	<u> </u>	<u>- </u>					
9. Schoo	l Service:							
List contributions you have made to your school:								
	7							
10. Person	nal Letter:							
		ning an outline	of your qualific:	ations (including academic achievements,				
community	school participation a	nd service, hocker	y involvement, a	nd other qualifications) plus any additional				
comments y	you feel will assist the s	selection committe	ee when consider	ring your application.				
11. Suppo	orting Documents:							
	tion MUST be accompa	anied by the follow	ving.					
	onal Letter (see item #1	•	*b.					
	•	•	or RIC official o	r vour team official				
Letter from an Association executive member, or RIC official, or your team official. Letter from either your school Principal or Counsellor.								
=	-	•						
	Copy of your most recent school report card(s).							

Deadline: April 17,2023

Send to: SDMHA

PO Box 19109

Delta, BC

V4L 2P8

Or email to sdmha@telus.net

PLEASE NOTE: In order to qualify for and claim one of the SDMHA scholarships you must be enrolled in a Post Secondary institution granting diplomas and bachelors degree.

The scholarships will be awarded to a student who will either:

- Graduate high school in the application year
- Who is or will be attending a postsecondary institution in the application year.

Selection Criteria:

- Must be a current member in good standing with SDMHA
- Years of service as a referee, player or coach for SDMHA
- Volunteer activities for SDMHA teams or the organization
- Degree of competence as a player, coach or referee
- Acceptance to a post-secondary institution
- Continuing education aspirations
- Copies of your last 2 years of high school grades

The successful candidate will be selected by the Scholarship Review Committee of the SDMHA Executive and must provide confirmation of acceptance to a post-secondary institution.

Applications must be received (either by email or as a hard copy) by April 17,2023

If there is not enough room on the scholarship application, please submit additional information with the above supporting documents.

All questions may be directed to our Administrator – Tracey Derrheim at sdmha@telus.net