



LAKELAND HOCKEY ASSOCIATION SCHOLARSHIP APPLICATION



LHA Academic / Dean Scott Lee Memorial / Cevil Beasley Memorial

**Circle the Scholarship(s) for which you are applying
Please review the qualifications for each scholarship before applying!**

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Phone _____ Date of Birth _____

Social Security Number _____ E-mail _____

Father's Name _____ Father's Occupation _____

Mother's Name _____ Mother's Occupation _____

Years Affiliated with LHA (list each year, division, & head coach)

-List additional years on the back of this sheet

Year	Division	Head Coach

University, College to which you have applied _____

Field of Study or Major _____

School Activities _____

Community Activities _____

Leadership Roles (Organizations) _____

Honors and/or Awards _____

Copy of Transcript requested

Personal Statement of Future Goals

Name of Applicant _____
 Name of Counselor _____
 High School _____
 Grade Point Average _____
 ACT/SAT Score/s _____
 Attendance Record _____
 Comments/Recommendations _____

Signature _____ Date _____

Please attach with copy of Transcript

*Must be received by February 15th

Mail To: Lakeland Hockey Association
 C/O Scholarship Committee
 7330 Highland Road
 Waterford, MI 48327



To be filled out and returned by Hockey Coach, Manager, or Executive Board Member

Name of Applicant _____

Name of Coach, Manager/Exec. Board Member _____

League, Team _____

Comments/Recommendations _____

Signature _____ Date _____

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