



## Leadership through Coaching Education Scholarship 2013/2014 Letter of Intent

I \_\_\_\_\_ (recipient name) have read the requirements of the Henniker Youth Hockey Association (HYHA) Leadership through Coaching Education Scholarship and I understand the commitment and expectations associated with accepting this scholarship. I am currently a \_\_\_\_\_ (full or part) -time student at \_\_\_\_\_ (academic institution) in good standing and I have provided a true and accurate copy of my transcript, including results from the most recent semester or academic period of study that I have completed.

I have completed or will commit to complete and attend all such coaching registrations, background checks, coaching clinics and age-specific modules and other training as has been communicated to me by the HYHA Coaching Director and/or Scholarship Administrator and that is required to the best of my knowledge to be an adult coach of youth hockey players participating in the New Hampshire Amateur Hockey Association (NHAHA) programs. I have and will commit to attend at least half (50%) of all on-ice practices, games and other events for the team that I help coach for the 2013/2014 hockey season from Fall 2013 through NHAHA tournament commitments in the spring of 2014.

I also represent that will make every effort to maintain a high standard of academic performance (3.0 or better grade point average, on a 4.0 point scale) during the semester during the performance period of this scholarship, and that if I am unable to do so any undisbursed amount of the Leadership through Coaching Education Scholarship may be withheld or deferred at the sole discretion of the HYHA Scholarship Committee or Board.

The total scholarship amount available for disbursement for these commitments is \$1,000 for the season, typically made in two installments of \$500 each on November 15<sup>th</sup> and January 15<sup>th</sup>. I understand that any expense directly associated with attending or completing these training and certification procedures may be reimbursed to me in full by HYHA upon my submission of receipts to HYHA.

I agree to treat all players, parents, opponents, officials and others with whom I interact as a representative of HYHA with the highest level of integrity, personal respect and professionalism. I agree to abide by all Rules and Regulations, policies and procedures as set forth by HYHA, NHAHA, and USA Hockey. Failure to do so could result in cancellation of the scholarship and expulsion from the program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Recipient Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
HYHA Representative Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Date