Minnesota Special Hockey

Volunteer Scholarship Application

**Scholarship Qualifications:**

1. Applications open to all Minnesota Special Hockey (MSH) volunteers who are at least in their Jr year of High School and have been a registered and active volunteer in the MSH association for a minimum of two full seasons.
2. Applicants must be pursuing a degree at an accredited institution of higher education (ie: Jr College, Technical College, Community College, College or University).
3. Volunteers can apply, and may be awarded, a MSH Volunteer scholarship in more than one year.

**Application and award Process:** Applications to be submitted by volunteer applicants or a MSH coach (AKA: coach nominated.

 **The deadline for submitting this application is May 15th 2015.**  **Applications postmarked after this date will not be accepted.**

*PLEASE PRINT OR TYPE*

**APPLICANT INFORMATION**

Applicant's Name: Phone:

*(last) (first) (middle initial)*

Permanent Address:

*(street) (city) (state) (zip)*

**SCHOOL INFORMATION**

High School Attended: Graduation Date:

Name of post-secondary school for which this scholarship is requested:

Address: *(street) (city) (state) (zip)*

Type of post-secondary school:

Student Will: Live on campus Live off Campus Commute

Enrolled: Less than half-time Half-time or more Full-time

Major field of study:

 ALL APPLICATION INFORMATION IS STRICTLY CONFIDENTIAL

**Please complete all questions:**

1. Please describe your involvement as a volunteer with MSH. Be sure to include all on-ice and off-ice activities.

2. Describe the experience you have had via your involvement with MSH and how your involvement has

 has impacted your view towards people with disabilities:

3.Please provide an example(s) of an activity / action you participated in, or lead, outside of MSH that was directed

towards enhancing the lives of people with disabilities:

4.Provide a statement of your plans as they relate to your educational and career objectives, future goals and

how this scholarship would benefit you:

5.Provide any information about financial or family hardship that may influence the decision of this award:

In submitting this application, I believe that the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in the termination of any scholarship granted.

Applicants Signature: Date:

Mail to:

MSH Scholarship Committee

Attn: Tom Schuneman

6650 Trail lane

Corcoran, MN 55430