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**MASSACHUSETTS HOCKEY SPORTSMANSHIP AWARD APPLICATION**

**SCHOOL COUNSELOR CERTIFICATION FORM**

\_\_\_\_\_ (Name of student)

who resides at \_\_\_\_\_ (Student's address)

and has attended \_\_\_\_\_ (Name of school)

is expected to graduate or has graduated from \_\_\_\_\_ (Name of school)

in the year \_\_\_\_\_ (Graduation year).

This applicant has been accepted to; or plans to attend college or other institute of higher learning in the next year.

\_\_\_\_\_ (Type or print name of school counselor)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Signature of school counselor)

\_\_\_\_\_ (Date)

\_\_\_\_\_ (Telephone number of school office)

\_\_\_\_\_ (E-Mail Address)

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