



South Shore Eagles Youth Hockey
Scholarship Application

Guidance Counselor Certification Form

I certify that

(Name of student)

has attended

(Name of High School)

and has successfully completed all requirements and is currently in good standing with an expected

graduation date of _____.

Printed name of guidance counselor

Signature of guidance counselor

Date

Telephone number of Guidance Office

Scan/Email this form to:

South Shore Eagles Secretary secretary.sseagles@gmail.com

Completed application must be received no later than **April 28, 2025**