



# **SOUTH CAROLINA SCHOLASTIC HOCKEY ASSOCIATION SCHOLARSHIP APPLICATION**

## **GENERAL INFORMATION**

SCSHA proudly supports all players by offering a Scholarship Program to promote the benefits of playing high school hockey to families and players who need financial assistance. Partial scholarships are available for those that qualify based on the criteria below. Levels of assistance will vary from year to year and will be based on funds available through the association and outside charitable contributions. All scholarship awards will be applied as credit to the players team account and not in cash. Awards are at the full discretion of the SCSHA Executive Board, the awards will be no more than 50% of team registration fee with a maximum of \$500. Applicants will be contacted via email by the SCSHA secretary regarding the status of their scholarship request.

## **APPLICATION CRITERIA**

Applicants must meet the following criteria:

1. Applicant must be a member of the SCSHA in good standing.
2. Player must be in good standing with any other association the player or their family has been affiliated with.
3. Current minimum grade point average of 2.5.

## **APPLICATION INSTRUCTIONS**

Requirements for application:

- Completed application form (see attached form Parts I, II and III).
- Two letters of recommendation stating why the applicant should be selected for this scholarship. One letter should be from a current or former hockey coach. One letter of recommendation should be from a teacher, guidance counselor, employer, minister, etc. No recommendations will be accepted from relatives or from Officers or Directors of the SCSHA. Letters of recommendation must be included with completed application package.
- Provide a letter of good financial standing from past or current hockey associations.
- A copy of the applicant's high school transcript or current grading period report card.
- A copy of the most recent filed tax return (social security numbers may be blacked out).

Completed application package must be received by the SCSHA league secretary no later than October 15th – CONTACT INFORMATION AND SUBMISSION ADDRESS APPEAR ON PAGE 4.

## **NOTIFICATION**

Final selection will be made by the SCSHA executive board and announced no later than October 31st. All applicants will receive notification by email or mail if no email address has been provided. All selections are final. All applications and attachments become the property of the SCSHA and will be destroyed at the end of the season unless the applications are picked up prior to the start of the SCSHA play-offs early March by the applicant.



This image shows a single sheet of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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### PART III – SCHOOL INFORMATION

Name of School \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Current GPA \_\_\_\_\_ Date of High School Graduation \_\_\_\_\_ SCSHA Team \_\_\_\_\_

Sports played (indicate varsity letter(s) where applicable) \_\_\_\_\_

School club participation \_\_\_\_\_

Special school awards and/or recognition \_\_\_\_\_

Volunteer activities (indicate number of hours/month for each activity) \_\_\_\_\_

Hobbies & Interests \_\_\_\_\_

College/University you plan to attend \_\_\_\_\_

Intended Major \_\_\_\_\_ Minor \_\_\_\_\_

Do you play currently on any other hockey team? If so, team and level? \_\_\_\_\_

List any scholarship(s) you have applied for or received and the amount \_\_\_\_\_

### PART IV – PERSONAL STATEMENT

In a paragraph each, please respond to the following five short answer questions.

- ☐ What would receiving this scholarship mean to you?
- ☐ How has hockey impacted your life?
- ☐ What is the greatest lesson you've learned as a result of your participation in hockey?
- ☐ Why should we select you to receive this scholarship?
- ☐ How do you balance school, hockey, and any other outside interests and activities?

### PART V – ADDITIONAL REQUIREMENTS

1. Two letters of recommendation stating why the applicant should be selected for this scholarship. One letter should be from a current or former hockey coach. One letter of recommendation should be from a teacher, guidance counselor, employer, minister, etc. No recommendations will be accepted from relatives or from Officers or Directors of the SCSHA. Letters of recommendation must be included with completed application package.
2. Letter of good standing from current or previous hockey association
3. A copy of the applicant's high school transcript.

**COMPLETE APPLICATION MUST BE POSTMARKED ON OR BEFORE OCTOBER 15TH.**

Submit completed application packages by mail or email to:

SCSHA Scholarship

C/O Kirby Brownfield: [kab@ipi.com](mailto:kab@ipi.com)

**ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED**