



APPLICATION FOR DISABLED HOCKEY SCHOLARSHIP

Minnesota Hockey – Attn: Exec Director
317 Washington Street
St. Paul, MN 55102

(If you need additional space, please attach a separate sheet.)
(Please see application instructions before filling out application-other items are required.)

DATE _____

FIRST NAME MIDDLE NAME LAST NAME

ADDRESS CITY STATE ZIP CODE

BIRTH DATE HOME PHONE NUMBER

FATHER'S NAME (If applicable) OCCUPATION EMPLOYER

MOTHER'S NAME (If applicable) OCCUPATION EMPLOYER

NUMBER OF SISTERS: AGES: NUMBER IN COLLEGE: NUMBER AT HOME:

NUMBER OF BROTHERS: AGES: NUMBER IN COLLEGE: NUMBER AT HOME:

HOW DO YOU PLAN TO USE THE SCHOLARSHIP?

PLEASE LIST THE FOLLOWING INFORMATION REGARDING YOUR HOCKEY EXPERIENCE:
HOW MANY YEARS HAVE YOU PLAYED DISABLED HOCKEY?

WHAT PREVIOUS HOCKEY EXPERIENCE HAVE YOU HAD?

Team you played for this season?
BLIND SPECIAL SLED WARRIORS

TEAM LOCATION: _____

PLEASE LIST ANY COMMUNITY ACTIVITY OR VOLUNTEER WORK YOU PARTICIPATED IN DURING THE PAST 4 YEARS (example: Boy Scouts, Girl Scouts, Park & Recreation Volunteer)

COMMENTS:

If you need additional space for any answers, please attach a separate sheet.

Please complete both sides of this application

EXTRACURRICULAR ACTIVITIES:

HOBBIES AND INTERESTS:

REFERENCES:

LIST TWO PERSONS WHO WILL WRITE LETTERS OF RECOMMENDATION FOR YOU. (For example, from your current youth hockey coach and one from a teacher, school counselor or community leader.) LETTERS SHOULD BE SENT BY THE REFERENCE DIRECTLY TO THE SCHOLARSHIP COMMITTEE ADDRESS ABOVE:

| NAME OF REFERENCE | OCCUPATION | ADDRESS | TELEPHONE |
|-------------------|------------|---------|-----------|
| | | | |
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Please complete both sides of this application