

WALLY SCOTT BURSARY

Application Guidelines and Form - 2019



About the Wally Scott Bursary

Each year, minor hockey associations across the OMHA support numerous charities and charitable foundations. Hundreds of thousands of dollars are generated and many causes and programs benefit from this support.

In 2000, the Minor Hockey Foundation Ontario (MHF) was created to support minor hockey players in the Province of Ontario. The Foundation assists players seeking post-secondary education, players who require financial assistance in order to play minor hockey, and the Let's Learn Hockey Program.

The Wally Scott Bursary is given in recognition of outstanding commitment to community service, athletics, and academics. This bursary reflects the achievements of a young hockey player who is committed to his or her community, athletic ability, and academic achievement. Each approved recipient may receive between \$1,000 and \$2,500 towards his or her post-secondary education. Bursary amounts are subject to change depending on available funds. There will be a maximum of two bursary winners awarded per year. Bursaries will be issued to the applicant's post-secondary institution.

Eligibility

The OMHA Executive Board reviews all applications and a member of the Board will contact the applicant to confirm whether their request has been received. All applicants must adhere to the following guidelines:

- 1. All requests can only be made for players aged up to twenty years and must have been a registered player in the Ontario Minor Hockey Association for a minimum of five years.
- 2. A player attending a post-secondary institution during the upcoming year.
- 3. Maintain a high standard of academic excellence.
- 4. Active in their local community programs (any community sport or social program).

How to Apply

- 1. Candidates must complete the attached application form and submit it to the OMHA by 5:00 pm on February 15th, 2019. Each application will be reviewed for a period of four to six weeks. Upon receiving the application, the OMHA will contact the applicant with an acknowledgement letter. Only the winning recipient(s) will be contacted by the OMHA no later than seven weeks after the application is submitted. The successful applicant(s) will be asked to attend the Ontario Minor Hockey Association Annual General Meeting for a presentation.
- 2. Provide a one-page letter outlining their request.
- 3. Provide a one-page letter from the President of their local minor hockey association supporting their request.
- Only one application per household or family.
- Incomplete applications will not be accepted.

Please send complete applications to the following address:

E-mail: mitchell.machtinger@omha.net

or mail to:

Ontario Minor Hockey Association Attn: Wally Scott Bursary 25 Brodie Drive, Unit 3 Richmond Hill, ON L4B 3K7

Privacy Statement: The OMHA is committed to comply with the *Personal Information Protection and Electronic Documents Act* (PIPEDA). In this regard, the OMHA will protect the privacy and security of all personal information disclosed to or collected or used by the OMHF for the purposes of running its "Wally Scott Bursary" The OMHA follows the ten (10) Canadian Standards Association principles identified in the federal PIPEDA.

WALLY SCOTT BURSARY APPLICATION FORM

| PERSONAL IN | FORMATION | | | | | | | | | |
|---|---|--------|--------------------|----------------|------------|-------------------------------------|---|----------------|----------|--|
| Name: Address: City: Phone (H): E-mail: | | | | | Pos Cel | stal Cod | | | | |
| HOCKEY INVO | LVEMENT | | | | | | | | | |
| Current Orga Involved as: (check all tha | | | Player Official | Years Years | | | Coach Other (specify) | Years Years | | |
| EDUCATION B | ACKGROUND | | | | | | | | | |
| Current Scho Address: | | | | | | | | | | |
| City: Phone: | e: | | | | | | | | | |
| E-mail: | | | | | | ux. | | | | |
| Current Grad | | age: | | | | _ | | | | |
| Post-Seconda | | n(s) A | pplied to: | | | | | | | |
| Area of Study | /: | | | | | | | | | |
| APPLICATION | CHECKLIST | | | | | | | | | |
| □ One pa | e page letter outlining request | | | | | | orting letter fron | n President (| of local | |
| □ Active | Proof of most recent academic record Active within my community (any community sport or social program) | | | | | Other supporting documents included | | | | |
| | | | | | | | information subn licable to me on th | | lete and | |
| Signature of Applicant: | | | | | Date: | | | | | |
| Signature of Parent/Guardian: | | | | | Date: | | | | | |