

*THE CARRIE GRIMMER
MEMORIAL SCHOLARSHIP APPLICATION*

TOGETHER

WE'RE STRONGER

Player Name:

Player Level for the 2026-2027 season:

Hockey Association:

Guardian Name(s):

Guardian Email(s):

Guardian Phone Number(s):

Please provide some background regarding your family situation and why you are applying for a Carrie Grimmer Memorial Scholarship. Please provide as much information as possible to assist us in reviewing your application. Feel free to include additional pages or other documentation as well.



**PLEASE EMAIL YOUR APPLICATION TO
ECOMM@SPYHA.COM BEFORE SEPTEMBER 1, 2026**