



SCHOLARSHIP APPLICATION

Instructions: This application is designed for you to fill out to apply for a scholarship from MSHA.

NOTE: ALL INFORMATION ON THIS APPLICATION WILL BE KEPT CONFIDENTIAL. PLEASE SUBMIT COMPLETED APPLICATION TO PRESIDENT@MITCHELLMARLINS.COM.

APPLICATION DATA:

Name: _____
Last First Middle Initial

Address: _____
Street Address City State Zip Code

Telephone: _____

What is the projected cost for registration fees for you to participate in hockey for MSHA?

What is the projected amount of this fee you feel you can pay (if any)?

Special Consideration:

Please describe any family or personal circumstances you feel warrant special attention (for example: financial status, illness, or handicap in the family, etc.). Please attach additional pages if necessary.

I/We attest all information in this application is true and complete to the best of my/our knowledge.

APPLICANT SIGNATURE: _____ **DATE:** _____

PARENT OR GUARDIAN SIGNATURE(S): _____ **DATE:** _____

PARENT OR GUARDIAN SIGNATURE(S): _____ **DATE:** _____

Please note that MSHA requires that any unpaid portion of the registration fees be worked off in credits. The number of credits will be commensurate with the scholarship amount awarded.

APPLICATION APPROVED: ☐ **YES** ☐ **NO**

PRESIDENT: _____ **DATE:** _____

TREASURER: _____ **DATE:** _____