

NEW YORK STATE AMATEUR HOCKEY ASSOCIATION

2019 Bob Allen Scholarship Application For High School or Prep School Seniors

Bob Allen Scholarships: Four (4) scholarships of \$2000.00 each

Eligibility:

1. Senior in a New York High School, or a New York State resident attending a Prep school
2. New York State Amateur Hockey Association member (past or present)
3. Plan to attend a four-year, two-year, or vocational school full-time (12 credit hours or more).

Guidelines:

1. All Applications must be postmarked prior to April 1, 2019 to Doug Ackley at 926 Shipmaster Court, Annapolis, MD 21401. Application must be typed or printed neatly.
2. Provide three (3) recommendations from people that are not members of your family. Use the forms provided.
3. Submit, sealed/stamped high school transcript (3.5 years) with application.

Evaluation Criteria (Points will be awarded for participation in each activity):

1. Academic status
2. Number of years as a member of NYS Amateur Hockey
3. Scholastic Honors/Awards
4. Curricular and extracurricular activities
5. Positions of leadership held
6. Community related activities
7. Letters of recommendation
8. Applicant essay

ACTIVITIES (list additional on back)

YEARS

(band, chorus, sports teams other than hockey, clubs, jobs, work experience, etc.)

1. _____
2. _____
3. _____
4. _____

POSITIONS OF LEADERSHIP HELD

YEARS

1. _____
2. _____
3. _____
4. _____

COMMUNITY RELATED ACTIVITIES (list additional on back) **YEARS**

1. _____
2. _____
3. _____
4. _____

Provide your essay on the following subject: (Not to exceed 2 typewritten pages)

1. What are your short and long term goals for the future? Be as specific as possible.
2. Describe your involvement in school and community activities that are not related to hockey and the role you play in each. How have these experiences prepared you to meet your goals?
3. What have you learned from your involvement in hockey that will help you reach your goals?

**NEW YORK STATE AMATEUR HOCKEY ASSOCIATION
LETTER OF RECOMMENDATION – 2019**

Name of Applicant: _____

Recommended By: _____

Occupation/Subject Taught: _____

Relationship to Applicant: _____

Please complete this recommendation form for the applicant who is applying for one of the New York State Amateur Hockey Association scholarships, and return the forms to Doug Ackley at 926 Shipmaster Court, Annapolis MD. 21401, by April 1, 2019. One recommendation must be from a representative in your school district. The other two (make copies of form) are from individuals of your choice.

| | HIGHEST | | | LOWEST | |
|----------------------|---------|---|---|--------|---|
| MOTIVATION | 5 | 4 | 3 | 2 | 1 |
| INITIATIVE | 5 | 4 | 3 | 2 | 1 |
| CONCERN FOR OTHERS | 5 | 4 | 3 | 2 | 1 |
| RESPONSIBILITY | 5 | 4 | 3 | 2 | 1 |
| INTEGRITY | 5 | 4 | 3 | 2 | 1 |
| LEADERSHIP ABILITIES | 5 | 4 | 3 | 2 | 1 |
| PARTICIPATION | 5 | 4 | 3 | 2 | 1 |

Additional Comments:

Signature

Date