



Gander Minor Hockey Association
Scholarship Application

For First Year Post Secondary Students with Past
Involvement in The Gander Minor Hockey Association

Applications are to be submitted to:

gmhascholarship@gmail.com



Gander Minor Hockey Association
Scholarship Program

The Gander Minor Hockey Association (GMHA) awards two scholarships, valued at \$500.00 each.

This will be awarded annually by the Association.

The deadline for applications is October 20th

The scholarship committee will be made up of members, past or present, of the GMHA executive.

This scholarship can be awarded to an individual on a one-time basis.

Eligibility: Full-time attendance at a post-secondary institution and graduated from GMHA in the year of the scholarship application.

The application must be accompanied by:

- 1) Two letters of reference from coaches and/or parents that have personal knowledge of your past accomplishments.
- 2) Transcript of your high school marks.
- 3) Verification of Post Secondary Enrollment.



**Gander Minor Hockey Association
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General Information

Name:	_____
Home Address:	_____

Present Address:	_____

Telephone #:	_____
Email Address:	_____
Date of Birth:	_____

Post Secondary Institution Information

Institution Name:	_____
Institution Address:	_____

Institution Phone #:	_____
Institution Email:	_____



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Information on Education	
Year of High School Graduation:	_____
Average Marks on Graduation:	_____
Present Course of Study:	_____
Degree/Certificate Sought:	_____
Current Average:	_____
Anticipated Year of Graduation:	_____

Additional Information	
Legal Guardian(s): _____	
Address: _____ _____	
Were they involved with GMHA: ____YES ____NO	
How many years: _____	



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GMHA Information

Please list divisions and teams for which you played while in GMHA

Division

Team

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list the major events you have competed in:



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List your most outstanding achievements as a hockey player with GMHA:

**List your leadership activities within GMHA
(eg. coach, volunteer, administrator, etc.)**

List your accomplishments in other sports during your years in GMHA:

I certify that information provided is correct to the best of my knowledge:

Date: _____

Signature of Applicant: _____

Signature of Guardian: _____