



# ***The Orville Acres Memorial Scholarship***

**To be presented annually at The Hockey Manitoba Awards Banquet in the amount of \$1,000.00**

## ELIGIBILITY

- Student female athlete who is a Hockey Manitoba member and Manitoba resident.
- Attending or will be attending a Canadian post Secondary education institution in the forth coming school term
- Graduating High School student

## QUALIFICATIONS

- Meet admission standards of University or community college
- Enrolled full time and receiving credits at post secondary educational Institution
- Member, in good standing, of Hockey Manitoba as a player, referee (official) and/or coach.
- Community Involvement and high academic standing considered

## HOW TO APPLY:

- Complete attached application and also include a letter from the President of Minor Hockey Association (if applicable) and/or Coach as well as the School Principal with school grades from grades eleven and twelve.

**Applications must be completed and returned to:**

**Hockey Manitoba  
Attn: Scott Furman  
145 Pacific Ave  
Winnipeg, MB  
R3B 2Z6**

***Application Deadline: March 1, 2012***



# ORVILLE ACRES MEMORIAL SCHOLARSHIP APPLICATION FORM

## PERSONAL DATA

1. NAME: \_\_\_\_\_,
2. HOME ADDRESS: \_\_\_\_\_
3. NAME OF HOCKEY MANITOBA TEAM WHOM WHICH YOU WERE REGISTERED WITH LAST YEAR: \_\_\_\_\_

## EDUCATIONAL DATA

1. SECONDARY SCHOOL ATTENDED - GRADE 12 (GRADUATION)  
SCHOOL: \_\_\_\_\_ LOCATION: \_\_\_\_\_  
PRINCIPAL: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_
2. UNIVERSITY REGISTRATION NUMBER: \_\_\_\_\_
3. ACADEMIC STREAM: \_\_\_\_\_
4. MAJOR AREA OF STUDY: \_\_\_\_\_  
ENROLLED IN \_\_\_\_\_ UNITS (CREDITS) THIS ACADEMIC YEAR.
5. STATE GRADE AVERAGES: SENIOR 1: \_\_\_\_\_ SENIOR 3: \_\_\_\_\_  
SENIOR 2: \_\_\_\_\_ SENIOR 4: \_\_\_\_\_
6. ON A SEPARATE PAGE PLEASE STATE YOUR EXTRACURRICULAR INVOLVEMENT WITHIN THIS PAST SCHOOL YEAR (I.E. COMMUNITY INVOLVEMENT, OTHER SPORT ACTIVITIES PARTICIPATED IN)

## FUNDING DATA:

1. I HAVE APPLIED FOR AND/OR RECEIVED ASSISTANCE FROM THE FOLLOWING:
  - A) PROVINCE OF MANITOBA GRANT Yes \_\_\_ No \_\_\_
  - B) FEDERAL GRANT-IN-AID PROGRAM Yes \_\_\_ No \_\_\_
  - C) UNIVERSITY SPORTS AWARD Yes \_\_\_ No \_\_\_
  - D) SPORT MANITOBA ASSISTANCE PROGRAM Yes \_\_\_ No \_\_\_
  - E) OTHER (Please Specify ) Yes \_\_\_ No \_\_\_  
\_\_\_\_\_ Yes \_\_\_ No \_\_\_

## CONDITIONS OF ASSISTANCE

I HEREBY APPLY FOR FINANCIAL ASSISTANCE AND MAKE THE FOLLOWING DECLARATION:

I DECLARE THAT ALL INFORMATION GIVEN HERE IS COMPLETE AND TRUE IN EVERY RESPECT, THAT I HAVE ANSWERED ALL QUESTIONS APPLICABLE TO ME ON THIS FORM, THAT I SHALL BE A FULL TIME STUDENT FOR THE EDUCATIONAL PERIOD STATED.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE SIGNED \_\_\_\_\_