



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 _____