



## SCAHA Scholarship Assistance Program Application Form for the 2015-2016 Season

Application must be filled out completely and legibly by the applicant and applicant only in order to be considered eligible for the award. **(NO STAPLES PLEASE!)** Application deadline is March 31, 2016. Late submission will **NOT** be accepted.

### Student Information:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Local Phone: (     ) \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

Permanent/Home Address (if different than above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home/Permanent Phone: (     ) \_\_\_\_\_

I am currently registered (YES\_\_ ) or plan to attend (YES\_\_ ) (attach proof of enrollment/acceptance):

College/University/Junior College/Trade School/etc. \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Current Overall GPA: \_\_\_\_\_ (attach copy of most recent grade report)

2013-2014 Season SCAHA Hockey Club/Team played for: \_\_\_\_\_

2014-2015 Season SCAHA Hockey Club/Team played for: \_\_\_\_\_

2015-2016 Season SCAHA Hockey Club/Team played for: \_\_\_\_\_

Please list recent awards or honors, if any, including any hockey related awards or recognitions (attach additional page if necessary):

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Please list a reference (non-relative):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Relationship to Reference? \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Evening Phone Number: \_\_\_\_\_

E-Mail Address (if available): \_\_\_\_\_

Number of Years Known to Reference: \_\_\_\_\_

Please read and sign the following:

I understand that the scholarship selection will be based on the content of the application, the letter of reference and the submitted essay, and that the applicant is in good standing with SCAHA. Scholarship awardees will be invited to attend a SCAHA Board of Directors meeting to receive scholarship award.

I certify that all the information contained in this application is true and the submitted essay is original and solely my own creation.

Signature of Applicant: \_\_\_\_\_

Printed Name of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Application packets (**no staples please**) must be submitted to:

<p>Kevin Culbertson, SCAHA Treasurer <b>SCAHA SCHOLARSHIP PROGRAM</b> 10 Mondano Laguna Niguel, CA 92677</p>
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