



**Berlin Youth Hockey Association, Inc.**  
**PO Box 571**  
**Berlin, NH 03570**

**Nancy Hood Memorial Scholarship**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Have you ever played Berlin Youth Hockey? YES  NO  If yes, when? \_\_\_\_\_

**Education**

High School: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_

**College Applications**

*Please list the colleges to which you have applied.*

|                |                 |
|----------------|-----------------|
| College: _____ | Accepted: _____ |
| College: _____ | Accepted: _____ |
| College: _____ | Accepted: _____ |
| College: _____ | Accepted: _____ |
| College: _____ | Accepted: _____ |

**Field of Study**

Major: \_\_\_\_\_

Briefly state your reasons for choosing this field:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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### School Activities

List involvement in school activities, including any awards and honors you have received:

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### BYH Involvement

List involvement in Berlin Youth Hockey activities, including any volunteer hours you have completed:

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### Impact Statement

Briefly explain how Berlin Youth Hockey and/or the sport of hockey has positively impacted you and how you will utilize the skills learned in your future:

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### Signature

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



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**Guidance Office**

*This section to be completed by Guidance Office:*

GPA: \_\_\_\_\_ Class Rank: \_\_\_\_\_ / \_\_\_\_\_

Counselor  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Applicant:

Please complete all sections, sign and return completed application to your guidance office.

\*Guidance Office:

Please complete the Guidance Office section of this form.

Once completed, please forward application to my attention:

Mail to:

Berlin Youth Hockey  
c/o Treasurer - CJ Valliere  
PO BOX 571  
Berlin, NH 03570

Or email to:

[BYHTreasurer@gmail.com](mailto:BYHTreasurer@gmail.com)