



Berlin Youth Hockey Association, Inc.

PO Box 571
Berlin, NH 03570

Roger Charest 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:

BYH Involvement

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

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:

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