

2019
Mike and Louise Adray
ACHL Scholarship Award
Application Packet

The Adray – ACHL Scholarship award is a one year scholarship open to any first year student enrolling in a Michigan College, University, Jr. College, Business School or Certified Training School. To be eligible the player has to have participated as at least a **second year PeeWee, or played at Bantam, JV or Girls** level on an Adray Community Hockey League team. The applicant should show academic success in high school. Financial need will be considered in the selection process. Financial Aid Forms (FAF or FFS) should be on file at the college of your choice.

The award is not to exceed tuition for your freshman year. The award is presented to the student's college in their name to be applied to their account. Multiple Scholarships will be awarded if financially possible.

The applicant should fill out the appropriate sections of the Application form and return to their High School Counselor to be completed and forwarded to the Chairman of the Scholarship Committee. The application must be postmarked by May 31, 2019. A recommendation **MUST** be filled out by the applicants local Adray Community Hockey League Delegate and forwarded directly to the selection committee.

If you have any questions, please feel free to contact me: e-mail
nancyjoe@netonecom.net

Return Application To:

Joe Spedowski Chairperson
Scholarship Committee
23400 13 Mile Rd
Big Rapids, MI 49307

Application form
Mike and Louise Adray – ACHL Scholarship

The following items are necessary:

1. The requirements for eligibility are having participated as at least a second year **PeeWee** or played at the **Bantam, JV or Girls** level on an ACHL team and being enrolled as a freshman in a Michigan College, University, Jr. College, Business School or Certified Training School.
2. The Applicant is required to have his local Associations ACHL representative countersign the recommendation.
3. High School Counselors Recommendation must be on High School Letterhead with the contact phone number.
4. Senior picture on a CD or memory stick. If awarded scholarship your picture will be placed on the ADRAY website.
5. **To assure eligibility the completed 2 page application including the student's high school transcript showing the ACT or SAT scores must be mailed by May 31, 2019** to Mr. Joe Spedowski. Incomplete applications will NOT be considered.

Thank you for your assistance

Joe Spedowski, Chairman
ACHL Scholarship Committee

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Return postmarked no later than May 31, 2019

Name: _____
 Last First Middle

Address: _____
 Number and Street City State Zip

Phone: (____) _____ Birth Date: _____

E-Mail: _____

Intended College: _____

Intended Degree: _____

Parents: _____
 Father Occupation Mother Occupation

Family Size: _____ Number Attending College: _____ Your High School _____

Your Hockey Career: (Use extra page(s) as necessary)

1. What service contribution(s) have you made to your local hockey program?

2. List your previous hockey experience, i.e. position, accomplishments, awards, ect.

3. List your participation on ACHL teams on the following table starting with your most recent participation and going backward

Team	Division	Year	Association	Coach
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Discuss your future educational plans and goals in life.

Describe your plans for financing your college education. Provide the Committee with an itemized list of your projected financial needs for 2019-20. List any scholarship(s) you have applied for or received and the amount.

Costs:

Tuition: \$_____ Room and Board: \$_____ Books: \$_____

Misc. Costs: \$_____ for: _____

Scholarships:

Source:_____ Amount: \$_____ Funded? Amount:\$_____

Source:_____ Amount: \$_____ Funded? Amount:\$_____

Source:_____ Amount: \$_____ Funded? Amount:\$_____

Source:_____ Amount: \$_____ Funded? Amount:\$_____

Other sources of support itemize with amounts:

Source:_____ Amount: \$_____

Source:_____ Amount: \$_____

Source:_____ Amount: \$_____

Source:_____ Amount: \$_____

Return this form to your school counselor to complete the recommendation and send a transcript together with your ACT or SAT results to the Scholarship Committee.
Counselor's Recommendation (on High School Letterhead with contact phone number please)

**2019 Mike and Louise Adray
Adray Community Hockey League Scholarship
Delegate/Association Recommendation**

Applicant: Have a member(s) of your local hockey association who knows you best complete this recommendation form. Have the ACHL Delegate countersign the form if he/she did not write the recommendation and forward the form directly to the Scholarship Committee chairman **No Later than May 31, 2019.**

Recommender: Please include in your recommendation the applicants involvement in and contribution(s) to your local hockey program and any other comments or information which you feel might help the applicant.

Recommendation for: _____

Recommended By: _____ ACHL Delegate _____

Number & Street: _____

City, State, Zip: _____

Phone: _____

Return Recommendation to:
Joe Spedowski
ACHL Scholarship Committee
23400 13 Mile Rd
Big Rapids, MI 49307