

# Jennifer Kemp Memorial Scholarship Application

2019 Application – Deadline: February 22, 2019

## Contact Information:

Child's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Age: \_\_\_\_\_

Parents Last Name: \_\_\_\_\_ First: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell or Work Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## General Information:

1. Is your child currently on a hockey team? If so, please list the team name and location.

\_\_\_\_\_

2. What type of league? \_\_\_\_\_ Travel or \_\_\_\_\_ House

3. Is there a Camp you are currently looking at? Please list the name and location.

\_\_\_\_\_

4. What is the cost of the camp? \_\_\_\_\_

5. What is the deadline to sign up for the camp? \_\_\_\_\_

6. What is the deadline for payment due? \_\_\_\_\_

7. Please have your child (or you if they are too young) write a letter on a separate page of why they would like to attend this camp and how it will benefit them with their hockey skills. Attach the letter to this application.

If you are selected to receive the scholarship, we would like to meet with you and your child in person (if possible) to do a formal check presentation for pictures. Would you be agreeable to this?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you are selected to receive the scholarship, we would like the recipient (or you if they are too young) to write a letter after the camp. The letter should include how the camp was and what they learned that will benefit them with their hockey skills. We would also like a couple of pictures from the camp, if possible. The letter and pictures will be printed in our newsletter and posted to our website. Would you be agreeable to this? \_\_\_\_\_ Yes \_\_\_\_\_ No

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit application to: [monarchsboosters@gmail.com](mailto:monarchsboosters@gmail.com) or you can mail it to:

Manchester Monarchs Booster Club

P.O. Box 5488

Manchester, NH 03108