



Friends of South Dakota Hockey Scholarship

ELIGIBILITY REQUIREMENTS

1. The applicant must have participated in South Dakota Amateur Hockey for at least three years.
2. The applicant must play for a team participating in South Dakota Amateur Hockey.
3. The applicant must be a high school senior with a cumulative GPA of 3.2 or higher.
4. The applicant must never have been assessed a match penalty or must not currently be under a league suspension.

FILLING OUT THE APPLICATION

SDAHA requires a portfolio from each applicant. The portfolio must contain:

1. Completed application form.
2. Resume of the applicant's academic achievements, community service, and volunteerism.
3. Complete high school transcripts through the first semester of the player's senior year.
4. Reference letter from local association President/Delegate stating that applicant is in good standing with the local association and that they approve the submission of the application.
5. Essay with a maximum of 400 words.

SDAHA is looking for young men and women who display high academic achievements, leadership skills, and strong examples of community service. Athletic achievements are also strongly considered. Any examples of the categories mentioned above should be listed in the applicant's resume.

The essay should detail either the community service projects the applicant has performed and how it has made the applicant a better person or how hockey has impacted the applicant's life and family.

THE PROCESS

1. The deadline for the applications is February 7th, 2021. They should be sent via mail or email to:

Jenni Wirkus
SDAHA
2815 5th Ave NW
Watertown, SD 57201
sdahadirector@outlook.com

2. Award winners and amounts will be determined by the SDAHA Scholarship committee, with the help of a committee made up of South Dakota educators, business leaders, and members of the South Dakota hockey community.
3. The award winners must maintain a 2.5 GPA during their first semester of post-secondary education. The award will be paid in full upon receipt of first semester transcripts verifying this information.

South Dakota
HOCKEY



NAME: _____
(First) (Last)

ADDRESS: _____
(Street)

(City) (State) (Zip)

EMAIL: _____ PHONE: _____

PARENT/GUARDIAN INFO:

Name(s): _____

Email(s): _____

Phone Number(s): _____

YEARS IN HOCKEY IN SOUTH DAKOTA: _____

HOCKEY ASSOCIATION: _____

HIGH SCHOOL: _____ GPA: _____

POST HIGH SCHOOL PLANS: _____

HOCKEY