

**ST. JAMES JUNIOR CANUCKS HOCKEY TEAM**

**MID-CANADA FASTENERS $500 APPRENTICE SCHOLARSHIP APPLICATION**

One scholarship worth $500 for players who work full time. Payment from the team will be made upon presenting proof of receipt for work related items. The monies must be claimed within 18 months of announcement of winning the scholarship. A committee of the ‘Executive’ will select the winner.

Applications must be received by the executive by Midnight on May 1st of the current year. (**LATE APPLICATIONS WILL NOT BE CONSIDERED**) This includes;

1. A letter of reference from an employer. (**This should be mailed directly to the address below**)

2. Proof of Employment for a minimum of 6 months (**This can be included with the letter of reference**)

3. Attached form filled out in its entirety.

**ST.JAMES JUNIOR CANUCKS HOCKEY TEAM – Attn: JUSTIN STEEVES**

**49 INWOOD CRES.**

**WINNIPEG,MB.**

**R2Y 1A2**

The scholarship will be awarded on;

1. Basis of employment and what the monies are required for.

2. Exemplifying good sportsmanship qualities at all times.

3. Possession of leadership qualities both on and off the ice.

**PLEASE TYPE OR PRINT ONLY**

**1. GENERAL INFORMATION**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of birth **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

2. **Employment**

Please indicate your proposed program of secondary studies for the fall term of the current year

Employment Institution

Job Title

Description of Job

How you would use the Money

**You must be employed full time employee. (Minimum of 35hrs/week)**

3. **Qualities as a Player/Teammate**

A) Please list in detail your top 3 qualities as a hockey player.

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B) Please list 3 ways in which you positively affect your team.

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**DECLARATION OF APPLICANT**

I hereby certify that the information given in this application is true and complete; that the MMJIHL is authorized to verify the information contained herein. I also agree to allow my name, photograph, study plans and sporting accomplishments to appear for publicity purposes if I receive this scholarship.

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_