



**ST.JAMES JUNIOR CANUCKS HOCKEY TEAM**  
**WEST PERIMETER AUTO CENTER \$1000 SCHOLARSHIP APPLICATION**  
**KEN FEASEY \$1500 SCHOLARSHIP**

One scholarship worth \$1,000, one worth \$500 and one worth \$1500 for players enrolled full time at a post-secondary educational institution. Payment from the team will be made upon presenting proof of registration for future full time studies. The monies must be claimed within 18 months of announcement of winning the scholarship. A committee of the 'Executive' will select the winner.

This includes;

1. A letter of reference from a professor or a personal friend that attests to your effort and enthusiasm towards post-secondary education. (**This should be mailed directly to the address below**)
2. Latest transcript of marks available. (Remember your latest transcript is usually from you last completed term).
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 academic standing (must have **all** passing grades).
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. EDUCATION PLANS**

Date of high school graduation \_\_\_\_\_

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

Educational institution \_\_\_\_\_

Degree/Diploma Sought \_\_\_\_\_

Major/Minor \_\_\_\_\_

Length of program \_\_\_\_\_ Expected date of completion \_\_\_\_\_

What is your grade point average? \_\_\_\_\_

**You must register as a full time student as defined by the institution you will be attending in the fall term to be eligible to receive this scholarship. (Minimum of 18 Credit Hours/Year)**

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

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

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

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

- 1. \_\_\_\_\_  
\_\_\_\_\_
- 2. \_\_\_\_\_  
\_\_\_\_\_
- 3. \_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_