



Lake of the Woods Minor Hockey Association

Suite # 204, 428 Second St. South, Kenora, Ontario P9N 1G6

LAKE OF THE WOODS MINOR HOCKEY And GRANT SHERRED BURSARY

1. The bursary will be awarded to a student attending Grade 12 at any secondary school.
2. Two bursaries in the amount of \$500 each will be awarded.
3. In order to qualify:
 - a) The student must obtain a Grade 12 diploma and intend to continue education at a college or university.
Please indicate: College _____
University _____
 - b) Upon proof of registration at a college or university the student will receive the monies allocated.
 - c) The student must have been active in Lake of the Woods Minor Hockey either as a referee or player.
4. The bursary will be judged on the following:
 - a) Academic standing – 60%
 - b) Athletic Achievement – 35%
 - c) Leadership – 5%
 - d) Need will be a consideration
5. Candidates must complete the attached application form and have the recommendation form completed by a member of the hockey affiliate for whom the student(s) participated. Brenda Zilinski (548-8087).
6. Judges for the award will be a committee from Lake of the Woods Minor Hockey Association. Their decision will be final.
7. Completed applications will be forwarded by Beaver Brae Secondary School to:

Lake of the Woods Minor Hockey

ATTN: Bursary Committee

P.O. Box 381

Kenora, ON P9N 3X4

LAKE OF THE WOODS MINOR HOCKEY
And
GRANT SHERRED BURSARY

APPLICATION FORM: LEADERSHIP

Candidate: _____

Address: _____

Telephone Number: _____

School: _____

List below the organizations in which the Candidate has held a position
in a leadership role:

Organization/Activity

Position Held

Principal's Signature

I hereby certify that to the best of my knowledge, the information on this
application is correct.

Candidate's Signature

Date

**LAKE OF THE WOODS MINOR HOCKEY
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**APPLICATION FORM
For
ACADEMIC and ATHLETIC ACHEIVEMENT**

Candidate: _____

Address: _____

Telephone No.: _____

School: _____

Candidate's Grade 12 subjects and Marks for 2015-16

	<u>Subject</u>	<u>Mark</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____

Overall Average: _____

Principals' Comments:

Principal's Signature

LAKE OF THE WOODS MINOR HOCKEY
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APPLICATION FORM: ATHLETIC

Candidate: _____

Name of Team: _____

Name of Team Coach: _____

Position Played: _____

Special Awards Won

<u>Award</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

Number of Years of Participation: _____

Hockey Affiliates Comments:

Signature (Hockey Official, preferably President)