Pembroke Regional Silver Stick Scholarship Application

Personal Information:

Applicants	name:		
DOB (mm/d	dd/yyyy:)		
Address:			
City:			
Province:			
Postal Cod	e:		
Telephone:	()		
<u>Hockey</u>	<u>Inform</u>	<u>ation:</u>	
Name of H	ockey Tea	m you played on:	
Year(s) you	ı participa	ted in the Pembroke R	Regional Silver Stick:
- 1		. •	
Education	on Into	rmation:	
Current Se	condary Ir	<u>stitution</u>	
School Nar	ne:		
Grade Leve	el:	Anticipated Graduat	ion Year:
Extracurric	ular Schoo	ol Activities:	
Planned Po	st Second	dary	
School Nar	ne(s):		
College	Universit	v Trades School	Enrollment Date (YYYY

Please list all community involvement including organizations, charities, and Associations:

Why do you think you should be considered for this Scholarship? (Maximum 300 words.)

Please provide the following additional information:

- Copy of Letter of Acceptance and proof of enrollment
- List of Community Involvement
- > Copy of recent grade transcript
- > Letters of Recommendation:
 - School Counselor or Teacher
 - Hockey Coach

Please provide any additional information you would like the Committee to consider when evaluating your application:

Applications and documents may be mailed / emailed to:

Pembroke Regional Silver Stick P.O. Box 845 Pembroke, Ontario K8A 7M5

silverstickpembroke@hotmail.com