FHS Boys Ice Hockey Booster Scholarship Application

Name: _____

Address: _____

Phone Number: _____

Tell us (in 250 words or less) how Franklin Ice Hockey has helped shape you into the person you are today:

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A recipient must have completed two seasons in the Franklin High School Hockey program, including their senior year, and must be continuing their education or enlistment in the armed services. The award will be Page 2 of 2 paid directly to the recipient at the beginning of the 2nd semester of academic year following their graduation. Distribution of the scholarship will be made after the student submits either their first semester grades or second semester bill. All grades and costs can be blocked out. Please email the completed form to the FHS Boys Hockey Booster Club email at fhspanthershockey@gmail.com By signing below, I am acknowledging that I have met or will be meeting the requirements listed above.

Student Signature_____