

St. Louis Youth Hockey Foundation

Scholarship Application

Application due date: N/A

*“*To provide funding for youth hockey in Missouri and better prepare our youth to be team players, community leaders and high achievers*”*

1. DEADLINE for scholarship applications is N/A
2. Refer to application process below for a list of the supporting documents needed (i.e., reference forms, evidence of GPA, etc.) Incomplete applications will not be considered.
3. If any question does not apply to you in this application please put N/A in the space.
4. Type or print legibly. Illegible applications will be returned to you.
5. You will be notified by phone or mail regarding the status of your application.
6. If you have any questions about the application, please call Kristin Heffington at 314-540-3083.

**PURPOSE** The St. Louis Youth Hockey Fund was established in 2018. The mission of the scholarship is to provide financial assistance to individuals that are currently playing hockey in any recognized organization or club.

**FINANCIAL ASSISTANCE** is based on academic performance, leadership potential, volunteer activities and participation at a club or organization in Missouri. Scholarships are awarded annually provided funds are available.

**SCHOLARSHIP AWARDS**

The St. Louis Youth Hockey Foundation awards scholarships on the basis of a comprehensive process. Areas that are reviewed by the committee include, but are not limited to the following: Academic Accomplishments, Community Service, References, and Personal Essay. The St. Louis Youth hockey fund pays scholarship funds directly to the club or organization. Scholarships are awarded annually. The St. Louis Youth Hockey Fund Scholarships are awarded without regard to race, color, ethnicity, gender or sexual orientation. Scholarships awarded are based upon the availability of funds and additional qualifying criteria.

***CRITERIA***

* Applicants must have a minimum unweighted GPA of 2.5 on a 4.0 scale. (Where applicable with board discretion for any learning disabilities or advanced course curriculum)
* Community Service hours, preferably in the hockey community but not limited to.
* Applicants must be affiliated with a club or organization in Missouri.

***CRITERIA Continued.***

Applicants must complete and submit a Scholarship Application by N/A

Other information may be requested by the board at the time of application review.

**TIMELINE**

* Applications are due N/A
* Candidates may be asked for an interview by the board or designated committee

**Application Process**

**SCHOLARSHIP APPLICANTS MUST PROVIDE:**

* Completed application form.
* Official proof of academic standing and grades.
* A letter of academic references and/ora letter completed reference from an employer or other community members.

**SCHOLARSHIP AWARDS**

* Awards will be given by N/A
* Applicant must provide the correct mailing address of their institution and the department where their scholarship check is to be used.
* Award amounts will be distributed annually after all requirements are met.

**Please mail OR submit application in person to:**

**Scholarship Program**

**St. Louis Youth Hockey Fund**

**Attn: Kristin Heffington**

257 Pointe Lansing Ct.

Ballwin, MO 63021

Please check one of the following:

New Scholarship applicant\_\_\_\_\_\_\_

Repeat Scholarship Applicant \_\_\_\_\_\_\_\_

**Application 2019-must be filled out by applicant.**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Please **type on a separate sheet** or **print** your answers below. If application is illegible it will be returned to you. | | | | | | | | |
| 1 | Last Name: | | First Name: | | | | | |
| 2 | Mailing Address:: Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City: State: ZIP: | | | | | | | |
| 3 | Daytime Telephone Number: ( )  Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 4 | School Attended: | | | | | | Number of years attended: | |
| 5 | I will be attending the following school in the Fall of (\_\_\_\_): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address/ Phone | | | | | | | |
| 6 | What year will you enter school? | | | | | | | |
| 7 | Grade Point Average (GPA): \_\_\_\_\_\_\_\_\_\_ (On a 4.0 scale)  Attach proof of GPA; your most recent **official** school transcript suggested. | | | | | | | |
| 8 | Name & address of parent(s) or legal guardian(s): Use reverse side of application if you need more space. Name (s)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_    Street: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_ ZIP:\_\_\_\_\_\_\_\_\_\_\_\_\_  Home phone of parents or legal guardians: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| 11 | List the name of any schools you have attended: | | | | | | | |
|  |  | | | Year  Began | Year  Ended | Year  Graduated | | Type of Degree  Received |
|  | **A.** |  | |  |  |  | |  |
|  | **B.** |  | |  |  |  | |  |

**Please list the following information on a separate sheet if needed.**

|  |  |  |  |
| --- | --- | --- | --- |
| 12 | **SCHOOL EXTRA-CURRICULAR ACTIVITIES:** Please list school extra-curricular activities in which you have participated. Note leadership roles and dates. | | |
| 13 | **AREA OF STUDY:** What do you want to study and why? | | |
| 14 | **ORGANIZATIONS:** Please list community organizations such as service, volunteer and religious organizations in which you are now active or have previously been active. Note leadership roles and dates. | | |
| 15 | **RECOGNITIONS**: Please list important awards and recognitions received. Note organizations presenting honor and date. | | |
| 16 | **GOALS:** What are the short and long term goals for your life? | | |
| 17 | **NEED:** Please explain your need where the funding would go (E: Club, Organization, equipment) | | |
| 18 | **CAREER PLANS:** What are your career plans and what would you like to be doing in 10 years? | | |
| 19 | A. The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.  B. Your application will be returned to you if these items are not attached to this application. (No exceptions.)  C. Circle “YES” or “NO” to be sure you have attached each item as required. | | |
| O | YES | NO | **Two reference forms.** Your references will mail these to Scholarship Program  St. Louis Youth Hockey Fund  Attn: Kristin Heffington  257 Pointe Lansing Ct.  Ballwin, MO 63021 |
| YES | NO | **Proof of current grades** |
| YES | NO | **Answers to questions 1-19** |

### STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to St. Louis Youth Hockey Fund Scholarship Committee is true, correct and without forgery.

I hereby understand that if chosen as a scholarship winner, according to scholarship policy, I must provide evidence of enrollment/registration at the institution and club of my choice before scholarship funds can be awarded.

Signature of scholarship applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The deadline for this application to be received by St. Louis Youth Hockey Foundation is**

**N/A.**