



Academic/Athletic Award APPLICATION FORM

SECTION I.

APPLICANT INFORMATION						
LAST NAME					FIRST NAME	Middle Initial(s)
DATE OF BIRTH	MM	DD	YY	EMAIL ADDRESS	@	
ADDRESS						
CITY/TOWN				POSTAL CODE		
PHONE NUMBER	(902)			PARENT(S) NAME		
ADDRESS (if not same as above)						

SECTION II.

EDUCATIONAL BACKGROUND					
A. SECONDARY EDUCATION					
Year	Grade	School	Text	Town/City	Diploma

B. EDUCATIONAL PLANS FOR NEXT ACADEMIC YEAR.	University <input type="checkbox"/>	Community College <input type="checkbox"/>	Other <input type="checkbox"/>
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C. POST SECONDARY INSTITUTION(S) YOU PLAN TO ATTEND (RANK IN ORDER OF CHOICE).					
1. SCHOOL NAME	TOWN & PROVINCE	MAJOR			
2. SCHOOL NAME	TOWN & PROVINCE	MAJOR			
3. SCHOOL NAME	TOWN & PROVINCE	MAJOR			

SECTION III.

PLAYING/OFFICIATING/COACHING BACKGROUND				
A. HOCKEY EXPERIENCE				
Year	Category	Team	Position Held	Association
B. TEAM/INDIVIDUAL RECOGNITION OR AWARDS (Attach List of Necessary):				

Applications must be received no later than deadline specified on Hockey NS website and forwarded to:

Hockey Nova Scotia, RBC Centre, 259 Commodore Drive, Dartmouth, N.S. B3B 0M1

C. NCCP/OFFICIATING/TRAINING CERTIFICATION COMPLETED:	

SECTION IV.

SCHOOL ACTIVITIES	
A. LIST VARIETY OF ACTIVITIES, INCLUDING OFFICES AND/OR POSITIONS HELD (ATTACH LIST IF NECESSARY)	
B. AWARDS AND/OR RECOGNITION (ATTACH LIST IF NECESSARY)	
ACADEMIC	
ATHLETIC	
OTHER	
C. COMMUNITY SERVICE: Demonstrated service through active participation.	

SECTION V.

WORK EXPERIENCE		
EMPLOYER	ADDRESS	POSITION HELD

SECTION VI.

REFERENCES: List three (3) references (non-relatives):			
1.	Name	Occupation	Phone Number
2.	Name	Occupation	Phone Number
3.	Name	Occupation	Phone Number

With your application, have you included the following:

Academic Reference Form completed by School Counsellor or Principal? Yes No

Two (2) Letters of Reference? Yes No

Personal Letter (Optional)? Yes No

CERTIFICATION:

I hereby certify that the foregoing information is true and correct and can be verified upon request.

Signature of Applicant

Date

Signature of Parent/Guardian

Date

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