



## **St. Cloud Youth Hockey Association Scholarship Application**

**The St. Cloud Youth Hockey Association is offering one \$1,000 scholarship to a graduating senior from each of the three St. Cloud High Schools, including the Ice Breakers. This scholarship is to recognize the connection that exists between youth hockey participation, academic excellence, community activities, volunteer work and leadership.**

Please answer all questions carefully and accurately. Only typed applications will be accepted. The St. Cloud Youth Hockey Association has full responsibility in the selection process and final determination of recipients. All information contained in this application will remain confidential.

### **Criteria:**

- Must be a graduating high school senior at Apollo, Cathedral or Tech High School
- Must attend college or university or post-secondary education in the fall of the upcoming semester
- Must have a minimum 3.0 GPA
- Must participate in extracurricular activities
- Must demonstrate involvement in the community or volunteer work outside of school, during the course of the academic school year
- Must have participated in St. Cloud Youth Hockey for a minimum of four seasons.

**Please note: All information should be completed and returned together to:**

**Counseling Office (of each area high school)  
Attn: St. Cloud Youth Hockey Scholarship**

**A. Personal Information**

First Name: Middle Name: Last Name:

Street Address:

City: State: Zip Code:

Email address:

Phone #:

Residence Address (if different):

City: State: Zip Code:

Age: Date of Birth:

**B. Family Information**

Parent/Guardian #1 Name:

Parent/Guardian #2 Name:

**C. Scholastic Record:**

Current cumulative, weighted high school GPA as listed in Skyward:

(The counseling office will attach a transcript.)

**School Activities or Offices Held** (areas, positions, years)

**Community Activities or volunteer work** (areas, positions, years)

**Work Experience** (include part-time and summer jobs)

**Name of school you plan to attend:**

**Occupational field of interest/major:**

### **E. Personal Essay**

**Submit a typed essay of 500 words or less, that describes the lessons you have learned while participating in youth hockey and how those lessons apply to life.** (You may either type in the box directly or copy and paste to the box from a separate document.)

**School Counselor's Report:** (Applicant name) \_\_\_\_\_ has applied for the St. Cloud Youth Hockey Scholarship. In that regard, please provide the information requested below. Any information provided will be considered confidential and used by the members of the Scholarship Committee in reviewing the candidate's application.

**School:**

**School Counselor:**

**Signature of School Counselor:**

**Date:**