

Surrey Female Hockey Association PO BOX 34254 Clover Square Village Surrey, BC, V3S 8C4

SFHA Scholarship Application

PLEASE PRINT

1.Personal Information:	
Name:	
Address:	
City:	Postal Code:
Telephone Number:	E-mail Address:
Team Name & Division:	Date of Birth:
2.Educational History:	

From (Year) To (Year) Educational Institution Attended Program of Study

3.Future Cours	se of Study:		
Describe your pla	anned future cou	irse of study and the post-secondary institution	on(s) you hope to attend:
A Acadomia A	ccomplishmer	No.	

4. Academic Accomplishments:

List any scholarships, bursaries, awards, or other academic recognition you have received and the date or year received:

Season	Association	Division	Team	Other Hockey-Related Activities (Specify)
=	Related Awards: vidual or team awar	ds you have recei	ved in hockey	/:
	nity Service: tions you have mad	le to vour commur	nity:	
-131 001111100			nty.	
9.School S	Service:			
	Service: tions you have mad	le to your school:		
	<u></u>	le to your school:		

Submit a personal letter containing an outline of your qualifications (including academic achievements, community/school participation and service, hockey involvement, and other qualifications) plus any additional comments you feel will assist the selection committee when considering your application.

11.Supporting Documents:

Deadline: March 15, 2019

This application MUST be accompanied by the following:
Personal Letter (see item #10, above).
Letter from designated Association executive member, official, or team official.
Letter from your school Principal, Teacher or Counsellor.
Copy of your most recent High School report card or transcript

Email application to: president@surreyfalcons.ca