**KYLE STUART MEMORIAL SCHOLARSHIP**

**APPLICATION FORM**

**HOW TO APPLY: Please fill out the following application form and email it to** operations@springbankhockey.com**. For more information, please visit** [www.kylestuart.ca](http://www.kylestuart.ca) **or email** first.vp@springbankhockey.com **with questions you may have.**

**Full Name:**

**Date of Birth:**

**Telephone:**

**Street Address:**

**City: Postal Code:**

**Email:**

1. Post-Secondary institution you are, or will be attending:
2. Please describe your contribution to, or experience with, the Springbank Minor Hockey Association:
3. Please describe your post-secondary plans:
4. Please provide 2 references. Include name, phone number and how you are affiliated with this person:

 1.

 2.

1. If there are any additional comments you would like to include in your application, please include them here: