

KELLY KABERNICK \$1000 MEMORIAL SCHOLARSHIP

Application Form

DEADLINE: MAY 15th of each school year

APPLICANT INFORMATION					
Last Name		First		DATE	
Address					
Town		Prov		Postal Code	
Phone			E-mail Address		
Are you graduating from Grade 12?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	High School		
Are you enrolled for post-secondary education?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Institution		
Were you enrolled in a hockey program this current school year?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Team Name		
How many years have you been involved in ice sports?			If more than one sport, please list		
LEADERSHIP					
Describe your leadership skills					
COMMUNITY SERVICE					
How do you contribute to your school and community?					
ESSAY					
Please include a short essay (maximum 2 pages, double-spaced, font size 10) describing how you intend to use the funding provided by the Kelly Kabernick Memorial Scholarship (please attach). You can use this essay to expand on your school and community contributions/achievements and any volunteering you do in the community.					
REFERENCES					
<i>Please list two references – one academic, and one other (no relation). Attach a letter of support from each reference.</i>					
Full Name			Relationship		
Phone			Email		
Full Name			Relationship		
Phone			Email		
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and I understand that false information may result in disqualification of the award.					
Signature			Date		