

BOOT CAMP HOCKEY SCHOLARSHIP APPLICATION

Personal Info:

1. Name - _____
2. Address - _____
3. Phone - _____
4. Age - _____
5. ___ Male ___ Female

School Info:

6. Grade or Year in College - _____
 7. Name of School - _____
 8. Address of School - _____
 9. Phone of School - _____
 10. Point of Contact at School who we can talk to - _____
 11. Point of Contact's Title - _____
 10. Current GPA - _____
 12. Overall GPA - _____
 13. Major (if applicable) - _____
 14. Extra Curricular Activities - _____
- _____
- _____

Hockey Info:

15. Team/Club Name - _____
16. ___ Travel ___ House
17. Years Playing - _____
18. Position - _____

If not selected as a scholarship winner due to extremely keen competition, do you still plan to attend the camp? _____

I understand that by applying and signing this form, I give BCH permission to contact the school above to verify any information about the above applicant.

Parent Signature & Date (If under 18)

Applicant Signature & Date

*Attach essay and mail with this form to BCH Scholarships, 315 Ellington Ave., Garden City, NY 11530. All applicants will be contacted with info on their selection or non-selection.