Alexander Josephson Memorial Hockey Scholarship

CRITERIA:

High School Hockey Player displaying strong leadership and team play. Strong scholastic standing - minimum 75% average (please include transcript). Respected by teammates and coaches. Proceeding to a post secondary education. Hard working, diligent approach to the game.

NOMINATION FORM						
Please answer the following nomination	questions honestly and in as mu	ıch detail as you	feel is necessary.			
Athletes' Name:		E-mail:				
Address: (street name and number/box number, city/town, postal code)						
Phone:	Date of Birth: (d/m/y)	Age:	Academic Average:			
School:						
Coach:	Coaches F	Phone:	Coaches E-Mail:			
Please describe this athlete's success through their ability and performance in hockey their high school hockey career.						
Please describe this athlete's extra curri during their high school hockey career.	cular activity involvements in sch	nool and commur	nity.			

Please include a letter of re	ference from the coa	ch or school administrator.	
Please attach additional sheets if neo	cessary.		
Name:			
Address: (street and number/box number,	city/town, postal code)		
Phone: (work)	Phone: (cell or home)	E-Mail:	
Relationship to Nominee:	Date: (D/M/Y)		
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Please describe the leadership and mentorship accomplishments of this athlete during their high school years.

Nomination forms can be e-mailed to MHSAA attention: **Jo-Ann Waskul at jo-ann@mhsaa.ca**

NOMINATION DEADLINE:

All nomination forms must be received by the MHSAA Office by - Wednesday April 5, 2023 Application will only be accepted electronically.

If you do not receive an email confirmation of receipt of your application, please email Jo-Ann Waskul at jo-ann@mhsaa.ca so that she can look into it.

Incomplete applications will not be considered.