



Ontario Minor Hockey Foundation

Wally Scott Bursary

Application Guidelines and Form

2006



Ontario Minor Hockey Foundation
25 Brodie Drive, Unit 3
Richmond Hill, ON L4B 3K7
P: 905-780-6642 F: 905-780-0344
www.hockeyfoundation.ca

About the Wally Scott Bursary

Each year, minor hockey associations across the OMHA support numerous charities and charitable foundations. Hundreds of thousands of dollars are generated and many causes and programs benefit from this support.

In 2000 the Ontario Minor Hockey Foundation (OMHF) was created to support minor hockey players in the Province of Ontario. The Foundation assists players seeking post-secondary education, players who require financial assistance in order to play minor hockey, and the Let's Learn Hockey Program.

This document will focus on the Wally Scott Bursary. The Wally Scott Bursary is given in recognition of outstanding commitment to community service, athletics, and academics. This bursary reflects the achievements of a young hockey player who is committed to his or her community, athletic ability, and academic achievement. Each recipient can receive up to \$2,500 towards his or her post-secondary education. There will be a maximum of two bursary winners awarded per year. Bursary amounts are subject to change depending on donations. Bursaries will be issued to the applicant's post-secondary institution.

Eligibility

The OMHF Executive Board reviews all applications and a member of the Board will contact the applicant to confirm whether their request has been received. All applicants must adhere to the following guidelines:

1. All requests can only be made for players aged up to twenty years and must have been a registered player in the Ontario Minor Hockey Association for a minimum of five years.
2. A player attending a post-secondary institution during the upcoming year.
3. Maintain a minimum 70% average across all academic courses.
4. Active in their local community programs.

How to Apply

1. Candidates must complete the attached application form and submit it to the OMHF by 4:30 pm on April 15 of the calendar year. Each application will be reviewed for a period of four to six weeks. Upon receiving the application, the OMHF will contact the applicant by mail with an acknowledgement letter. Each applicant will be contacted by the OMHF no later than seven weeks after the application is submitted. The successful applicant will be asked to attend the Ontario Minor Hockey Association Annual General Meeting for a presentation.
 2. Provide a one-page letter outlining their request.
 3. Provide a one-page letter from the President of their local minor hockey association supporting their request.
 4. Provide proof of household family income from the Canadian government Notice of Assessment form. Household income must not exceed \$50,000 per year.
- * Only one application per household or family.
 - * Applications will not be accepted if a family member has been previously accepted within five years for any OMHF program.
 - * Incomplete applications will not be accepted.

Please send complete applications to the following address:

Ontario Minor Hockey Foundation
Attn: Wally Scott Bursary
25 Brodie Drive, Unit 3
Richmond Hill, ON L4B 3K7
E-mail: info@hockeyfoundation.ca

Privacy Statement: The OMHF is committed to comply with the *Personal Information Protection and Electronic Documents Act* (PIPEDA). In this regard, the OMHF will protect the privacy and security of all personal information disclosed to or collected or used by the OMHF for the purposes of running its "Wally Scott Bursary". The OMHF follows the ten (10) Canadian Standards Association principles identified in the federal PIPEDA.



Ontario Minor Hockey Foundation
 25 Brodie Drive, Unit 3
 Richmond Hill, ON L4B 3K7
 P: 905-780-6642 F: 905-780-0344
 www.hockeyfoundation.ca

Wally Scott Bursary Application Form

Personal Information

Name: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone (H): _____ Cell: _____
 E-mail: _____

Hockey Involvement

Current Organization: _____
 Involved as: Player Years _____ Coach Years _____
 (check as many that apply) Official Years _____ Other (please specify) Years _____

Education Background

Current School: _____
 Address: _____
 City: _____ Postal Code: _____
 Phone: _____ Fax: _____
 E-mail: _____
 Current Grade Point Average: _____
 School Contact: _____

I have a clear academic status: Yes No

Post-Secondary Institution(s) Applied to: _____

Area of Study: _____

Application Checklist

- | | |
|--|--|
| <input type="checkbox"/> One page letter outlining request | <input type="checkbox"/> Supporting letter from President |
| <input type="checkbox"/> Minimum of 70% GPA attained | <input type="checkbox"/> Proof of household income supplied |
| <input type="checkbox"/> Active within my community | <input type="checkbox"/> Other supporting documents included |

I hereby apply for the Wally Scott Bursary and declare that all information submitted is complete and true in every aspect and that I have answered all questions applicable to me on this form.

Signature of Applicant: _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____