

ACHL Scholarship Application

Mike and Louise Adray
ACHL Scholarship Award
Application Packet

The Adray – ACHL Scholarship award is a one year scholarship open to any first year student enrolling in a Michigan College, University, Jr. College, Business School or Certified Training School. To be eligible the player has to have participated as at least a **second year Peewee, or played at Bantam, JV or Girls** level on an Adray Community Hockey League team. The applicant should show academic success in high school. Financial need will be considered in the selection process. Financial Aid Forms (FAF or FFS) should be on file at the college of your choice.

The award is not to exceed tuition for your freshman year. The award is presented to the student's college in their name to be applied to their account. Multiple Scholarships will be awarded if financially possible.

The applicant should fill out the appropriate sections of the Application form and return to their High School Counselor to be completed and forwarded to the Chairman of the Scholarship Committee. The application must be postmarked by May 31. A recommendation **MUST** be filled out by the applicants local Adray Community Hockey League Delegate and forwarded directly to the selection committee.

If you have any questions, please feel free to contact me:

- email-adray.metro@comcast.net

Return Application To:

adray.metro@comcast.net
ACHL Scholarship Committee

ACHL Scholarship Application

ACHL Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Your Hockey Career: (Use extra page(s) as necessary)

1. What service contribution(s) have you made to your local hockey program?

2. List your previous hockey experience, i.e., position, accomplishments, awards, etc.

3. List your participation on ACHL teams on the following table starting with your most recent participation and going backward.

Team	Division	Year	Association	Coach
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. Discuss your future educational plans and goals in life.

ACHL Scholarship Application

Family Size: _____ No. Attending College.: _____ High School: _____

Intended College: _____

Intended Degree: _____

Father's Name: _____

Occupation: _____

Mother's Name: _____

Occupation: _____

Describe your plans for financing your college education. Provide the Committee with an itemized list of your projected financial needs for this school year. List any scholarship(s) you have applied for or received and the amount.

Costs:

Tuition: \$ _____ Room and Board: \$ _____ Books: \$ _____

Misc. Costs: \$ _____ for: _____

Scholarships:

Source: _____ Amount: \$ _____ Funded? Amount: \$ _____

Source: _____ Amount: \$ _____ Funded? Amount: \$ _____

Source: _____ Amount: \$ _____ Funded? Amount: \$ _____

Source: _____ Amount: \$ _____ Funded? Amount: \$ _____

Other sources of support itemize with amounts:

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Source: _____ Amount: \$ _____

Return this form to your school counselor to complete the recommendation and send a transcript together with your ACT or SAT results to the Scholarship Committee.

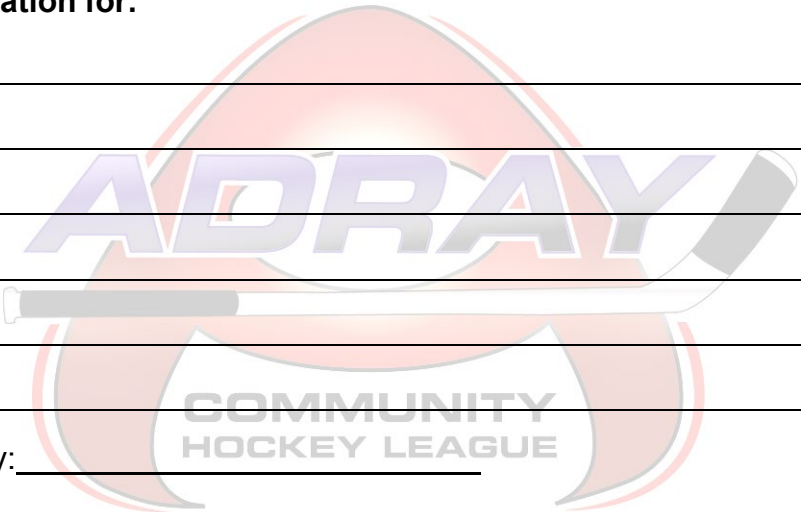
Counselor's Recommendation (on High School Letterhead with contact phone number please)

**Mike and Louise Adray
Adray Community Hockey League Scholarship
Delegate/Association Recommendation**

Applicant: Have a member(s) of your local hockey association who knows you best complete this recommendation form. Have the ACHL Delegate countersign the form if he/she did not write the recommendation and forward the form directly to the Scholarship Committee chairman **No Later than May 31.**

Recommender: Please include in your recommendation the applicant's involvement in and contribution(s) to your local hockey program and any other comments or information which you feel might help the applicant.

Recommendation for:



Recommended By: _____

ACHL Delegate _____

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Return Recommendation to:
adray.metro@comcast.net
ACHL Scholarship Committee