



CAMILLUS YOUTH HOCKEY ASSOCIATION

Scholarship Application For West Genesee High School Seniors

- Eligibility:**
1. Senior in a New York High School, or a New York State resident attending a Prep school
 2. Camillus Youth Hockey member (past or present)
 3. Plan to attend a four-year, two-year, or vocational school full-time (12 credit hours or more).

- Guidelines:**
1. Application must be postmarked prior to February 4th, 2010 to:
CYHA
PO Box 644
Camillus, NY 13031
Application must be typed or printed neatly or E-mail:
Ken Duquette - kduquett@twcnny.rr.com.
 2. Provide three (3) recommendations from people that are not members of your family. Use the forms provided.
 3. Submit most recent high school transcript (3.5 years) with application.

Evaluation Criteria:

1. Academic achievement,
2. Extra curriculars,
3. Community service, contribution to CYHA,
4. Essay (not to exceed 2 typed pages). Describe the best way for coaches to motivate you before and during games. Compare and contrast how these have changed as you progressed from mites through high school. Please do not use any individual's name. Use this form or the generic form on the WGHS website (Points will be awarded for number of years in each activity):

ACTIVITIES (list additional on back) **YEARS**

(band, chorus, sports teams other than hockey, clubs, jobs, work experience, etc.)

- 1. _____
- 2. _____
- 3. _____
- 4. _____

POSITIONS OF LEADERSHIP HELD **YEARS**

- 1. _____
- 2. _____
- 3. _____
- 4. _____

COMMUNITY RELATED ACTIVITIES (list additional on back) **YEARS**

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Please provide an essay on the following subject:

What are your goals for the future? How have your past experiences (activities, school, work, sports, etc) prepared you to meet these goals? Be sure to include how your involvement in Youth Hockey has or will help you to meet these goals. (Not to exceed 2 typewritten pages)

**CAMILLUS YOUTH HOCKEY ASSOCIATION
LETTER OF RECOMMENDATION – 2010**

Name of Applicant: _____

Recommended By: _____

Occupation/Subject Taught: _____

Relationship to Applicant: _____

Please complete this recommendation form for the applicant who is applying for one of the CAMILLUS YOUTH Hockey Association scholarship, and return the forms to CYHA, PO BOX 644, CAMILLUS, NEW YORK by February 4th, 2010. One recommendation must be from a representative in your school district. The other two (make copies of form) are from individuals of your choice.

	HIGHEST			LOWEST	
MOTIVATION	5	4	3	2	1
INITIATIVE	5	4	3	2	1
CONCERN FOR OTHERS	5	4	3	2	1
RESPONSIBILITY	5	4	3	2	1
INTEGRITY	5	4	3	2	1
LEADERSHIP ABILITIES	5	4	3	2	1
PARTICIPATION	5	4	3	2	1

Additional Comments:

Signature

Date