



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 received prior to March 3 of your graduating year and sent to emailed to camillusyouthhockeyassociation@gmail.com (Application must be typed or printed for completion)
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:

- Academic achievement
- Extra-curricular
- Community service, contribution to CYHA
- Essay (not to exceed two typed pages). Details below.
- Use this form or the generic form on the WGHS website (Points will be awarded for number of years in each activity)

CONTACT INFORMATION

Name:

Address:

Phone:

ACADEMIC PROFILE

Career Goal/Major:

College/Institutions applied to	2yr/4yr/other	Accepted (Y or N)	Attend (Y or N)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

NUMBER OF YEARS PLAYED AT CAMILLUS YOUTH HOCKEY:

List Associations and number of years played in each:

Association	# of years
_____	_____
_____	_____
_____	_____

SCHOLASTIC HONORS OR AWARDS RECEIVED:

YEARS

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

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 experiences (activities, school, work, sports, etc.) prepared you to meet these goals? Be sure to include how your involvement in Camillus Youth Hockey has or will help you to meet these goals (Not to exceed 2 typewritten pages).

CAMILLUS YOUTH HOCKEY ASSOCIATION

LETTER OF RECOMMENDATION

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, NY by March 3 of your graduating year. 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