Marcus Rogers Foundation

- Continuing Marcus's Dream by Sharing Love -

Marcus Rogers Memorial Youth Hockey Scholarship

Application Form

Honoring the Passion, Dedication, and Spirit of Marcus Rogers

Section 1: Applicant Information

Full Name: _____

Date of Birth (MM/DD/YYYY): _____

Age: _____

Address:

_____

_____

Phone Number: _____

Email Address: _____

Parent/Guardian Name(s): _____

Parent/Guardian Phone Number: _____

Section 2: Hockey Program Information

Hockey Program/Team Name: _____

Coach's Name: _____

Coach's Email or Phone: _____

Position(s) Played: _____

Years Playing Hockey: _____

Section 3: School Information

High School Name: _____

Graduation Year: _____

Intended Major or Area of Study: _____

Current GPA (if applicable): _____

Section 4: Personal Statement

(*Attach a separate page with your response*)

In 500 words or less describe your love for hockey, what the sport means to you, and how you demonstrate teamwork, perseverance, and integrity. Include any challenges you've overcome and how this scholarship will help you continue playing.

Section 5: Letter of Recommendation

(*Attach one letter of recommendation from a coach, teacher, or mentor who can speak to your character, sportsmanship, and dedication.*)

Section 6: Financial Information (Optional but Encouraged)

Please describe any financial circumstances that would make this scholarship helpful to you and your family. Attach a short statement (max 1 page) or include relevant documentation.

Section 7: Signatures

I certify that all information in this application is true and complete to the best of my knowledge.

Applicant Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Submit Completed Application To:

Marcus Rogers Foundation

Email: marcusrogersfoundation@gmail.com

Mailing Address: 80 Hidden Hill Road New Hartford, CT 06057

Phone: 203-710-5063

Deadline to Apply: December 1, 2025