

**Casper Amateur Hockey Club**

**Playmaker scholarship and Bill Ryan Memorial Scholarship Application Form**

Objective:

The Playmaker Scholarship (funded and awarded by CAHC) and the Bill Ryan Memorial Scholarship (funded by the Men’s league and awarded by CAHC) are intended to provide post-secondary academic financial assistance to an individual from CAHC. Both scholarships are a one-year, unrestricted grant of $1000 awarded to the recipients to be used for post-secondary education at any accredited institution.

Eligibility:

To be eligible for the Playmaker Scholarship and/or Bill Ryan Memorial Scholarship, the high school senior player requesting scholarship consideration must be in good standing with CAHC, as well as at the high school they attend (not on probation or suspension), and must have played at least one full season with the CAHC. **Applicants must submit a completed application, including a letter of recommendation by February 1st of the current season to the Casper Amateur Hockey Club Scholarship Committee.**

Scholarship Application:

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| Name: |  | | | | | Age: |  | | | | Date of birth: | | |  | |
| Address: | |  | | | | Phone number: | | | |  | | | | | |
| City, State, Zip: | | |  | | | Email: | | |  | | | | | | |
| Years active in Casper Amateur Hockey Club: | | | | |  | High school attended: | | | | | |  | | | |
| Post-secondary institution: | | | |  | | GPA: | |  | | | | | Class rank: | |  |
| Honors and awards (attach additional sheets if necessary): | | | | | | | | | | | | | | | |
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| School activities (attach additional sheets if necessary): | |
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| Community activities (attach additional sheets if necessary): | |
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Please return this completed scholarship application to the CAHC Scholarship Committee Chairperson by mail (P.O. Box 2562, Casper, WY 82602), by email (see Contacts page at [www.casperhockey.com](http://www.casperhockey.com)), or put into the CAHC box in the lobby at the Casper Ice Arena.

**…Please Note:** *If sending your application by email save your completed information first and then from the file menu select… Send as Attachment*

Please have a letter of recommendation from a teacher, school counselor, hockey coach, or community leader sent directly to:

Casper Amateur Hockey Club

P.O. Box 2562

Casper, WY 82602

Attn: Scholarship Committee

Personal Statement:

Click here to enter text.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_