

Glace Bay Minor Hockey Association Bursary Application

PLEASE PRINT CLEARLY

Personal Information:

Name _____ Birth Date _____ Gender _____

Address _____ City _____ Postal Code _____

Phone _____ Email _____

Hockey Background:

Seasons Registered with Glace Bay Minor Hockey _____

Current Team _____

Education Information:

School _____

Address _____ City _____ Postal Code _____

Contact Person _____ Position _____ Phone _____

Post Secondary Institution(s) Applied to _____

Area(s) of study _____

I hereby apply for a Glace Bay Minor Hockey Association Bursary and declare that all information submitted is complete and true in every aspect and that I have answered all questions applicable to me on this form.

Applicant's Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Privacy Statement: The information collected on this form will be used for the sole purpose of administering the Glace Bay Minor Hockey Association Bursary Program and the applicant understands that the winners' names may be published in newspapers and on the Glace Bay Minor Hockey website - www.gbminorhockey.ca