

# **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 to CYHA PO Box 644, Camillus, NY 13031. Application must be typed or printed neatly. Or E-mail to [president@cyha.org](mailto:president@cyha.org)
  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 curriculans,
3. Community service, contribution to CYHA,
4. Essay (not to exceed 2 typed pages). Describe the best ways for coaches to motivate you before and during CYHA games.
5. Compare and contrast how these have changed as you progressed from mites through high school.
6. You may use any individual's name.
7. Use this form or the generic form on the WGHS website (Points will be awarded for number of years in each activity):

# CAMILLUS YOUTH HOCKEY ASSOCIATION SCHOLARSHIP

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 past 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, NEW YORK by February 4<sup>th</sup>. 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:

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Signature

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Date