

References

1. Name: _____
Telephone: _____
Email: _____

2. Name: _____
Telephone: _____
Email: _____

Signature of Nominator/ Applicant

_____ Date: _____

Note: Applicants should include essay describing their commitment to the game of hockey, the WSMHA and/or the community of Whitchurch-Stouffville. The WSMHA will contact any Nominees to request the same documentation.



Whitchurch-Stouffville Minor Hockey Association

P.O. Box 976, Stouffville, Ontario L4A 8A1

Phone: 905-642-2835

Fax: 905-642-4843

Web Site: www.wsmha.com

Email: info@wsmha.com

Kids First Bursary Nomination/ Application

Date: _____

Nominee/ Applicant Contact Information

Name: _____

Address: _____

Telephone: _____

Email: _____

Current Education

Name of School: _____

Grade: _____

Post-Secondary Education Plans

School(s) Applied To: _____

WSMHA Membership

Current Team: _____

of Years in WSMHA: _____