

**Georgia Student Hockey League
Scholarship Application**

Applicants Name _____
Class of _____

Address _____

City _____ **Zip Code**

Team _____

High School Attending _____

Grade Point Average Cumulative _____

Year to Date _____

Recommendations:

Team Coach _____

Teacher / Administrator _____

Teacher / Administrator _____

Number of years playing for a GSHL Team _____

Number of Games played (current regular season) _____

Have you been given a Game Misconduct Penalty this Season () No () Yes (If yes, your application will not be considered)

Extra Curricular Activities (Other than GSHL)

**Georgia Student Hockey League
Scholarship Application**

GSHL USE ONLY

APP ____ CR ____ TR1 ____ TR2 ____ GPA ____ YR ____ GP ____

DIS ____ CODE _____

FR SO JR SR

Community Service Activities

Describe any leadership roles you fill

Describe how you balance your activities with school
