



ED ARMSTRONG MEMORIAL SCHOLARSHIP AWARD

APPLICATION PACKAGE

In the 1999-2000 season, the Mississauga Hockey League announced the creation of the Ed Armstrong Scholarship Award. Each season, a number of scholarships of up to one thousand dollars (\$1,000.00) each will be awarded to eligible individuals.

The award is named in memory of Mr. Ed Armstrong who was made a Life Member of the Mississauga Hockey League for his contributions to minor hockey in Mississauga. Ed was one of the stalwarts of the Malton Hockey Association and, between Malton and the MHL, was involved with the League for over 40 years.

SCHOLARSHIPS OF UP TO \$1000 TO BE AWARDED ANNUALLY

MHL SCHOLARSHIP CRITERIA

(Revised 2007)

- 1 Applicant must have been registered for a non-continuous total of five years, including a minimum of three years as a player, with one or more of the Area Associations comprising the Mississauga Hockey League ("MHL") or with the MHL.
- 2 Applicant must be registered with the MHL in the year of application.
- 3 Applicant must currently be at a position in his or her education to be eligible to attend an accredited post secondary institution.
- 4 Decision of the Scholarship Committee will be final. There is no appeal process for any applicant(s).
- 5 Applicant must not be serving a suspension in excess of four games at the date of application.
- 6 Applicant must not have served more than 20 games of suspension during the applicant's career in the Mississauga Hockey League.
- 7 Scholarship Committee will assess all applications and forward its recommendation(s) to the Board of Directors of the Mississauga Hockey League for a majority approval.
- 8 Applicant must be a resident of the City of Mississauga at the time of application.
- 9 Applicant will only be eligible, to receive this scholarship award, once in his or her lifetime.
- 10 Applicant must submit fully completed application form together with:
 - a) Two (2) letters of reference from his or her current school (one must be from a teacher).
 - b) One (1) letter of reference from his or her MHL related organization.
 - c) An official copy of his or her school transcript.
 - d) A letter outlining their contribution to the MHL, and what the game of hockey has meant to him or her.
- 11 All information must be submitted by July 31st of the year of application in order to be considered for that year's scholarship awards.
- 12 Successful applicants will be announced in November, and payment of the scholarship will be issued by December 31st, upon proof of enrolment. Proof of enrolment will be in the form of an official school document (letter from Registrar) from the accredited post-secondary institution the applicant is attending. Payment will be made directly to the successful applicant(s).
- 13 Completed application and all required documentation must be forwarded to the Executive Director, Mississauga Hockey League, 3065 Ridgeway Drive, Unit 34, Mississauga Ontario L5L 5M6.
- 14 Facsimiles will not be accepted.
- 15 MHL reserves the right to use applicant's essays for promotional use.

Date Received (internal): _____

MHL Scholarship Application Form

[Please print clearly]

1. Personal Information:

Name: _____ (First) _____ (Last)

Address: _____
Unit Number Street Name

City Province Postal Code
Home Telephone: [] **Facsimile:** [] **Email address**

2. Hockey Involvement:

[Five most recent years]

YEAR: _____ **Association:** _____ **Involvement:** _____
(E.G. Player, Coach, Referee)

YEAR: _____ **Association:** _____ **Involvement:** _____

YEAR: _____ **Association:** _____ **Involvement:** _____

YEAR: _____ **Association:** _____ **Involvement:** _____

YEAR: _____ **Association:** _____ **Involvement:** _____

3. Education Information:

Current School: _____ **Contact:** _____ **Telephone:** _____

School Address: _____

Post-Secondary Education Institution Applied For: _____

Area of Study: _____

4. Additional Information:

Volunteer: **MHL:** _____ **Other:** _____

Timekeeper: **MHL:** _____ **Other:** _____

Referee: **MHL:** _____ **Other:** _____

Suspensions: **MHL:** _____ **Other:** _____

**Volunteer Hours for
School (where & when):** _____

I hereby apply for scholarship assistance and declare that all of the information contained in this application is complete and true in every aspect. I have answered all questions applicable to me on this form.

Signature of Applicant

Signature of Parent / Guardian

Date

Date