Martello Wealth Advisory Inc. Chebucto Minor Hockey Scholarship

Application Form

Applicant Information	
Full Name:	
Date of Birth (DD/MM/YYYY):	
Address:	
City/Province:	
Postal Code:	
Phone Number:	
Email:	
Hockey Information	
Team (Division/Level):	
Years with Chebucto Minor Hockey:	
Coach's Name:	
Education Information	
High School Attended:	
Graduation Year:	
Post-Secondary Institution:	
Program of Study:	

Written Statement

Attach a statement (max 500 words) describing:

- 1. The personal impact of hockey on your development
- 2. How lessons from hockey will support your education/career