



**Metro High School Hockey League
2025 Scholarship Application Form**

Name: _____
Team and Position: _____
Date of Birth: _____
Home Address: _____
Home / Cell Phone: _____
Email: _____
Name of Parents/Guardian: _____

High Schools Attended (Name, Address, Grade and Year):

Post Secondary School Plans (Name of School and Expected Program of Study):

Hockey History (past 3 years):

Team or Individual Hockey Awards (past 3 years):

Student Awards or Recognition:

Community Involvement outside of School Activities:

CERTIFICATION: I hereby certify the information above is true and can be verified upon request.

Applicant: _____ Date: _____

Parent: _____ Date: _____

Team Coach: _____ Date: _____

Upon completion, please email your completed 2025 MHSHL Scholarship Application form and other required application materials no later than March 16th, 2025, to:

paul.jp.baxter@gmail.com

Subject Line: Metro High School Hockey League Scholarship