



Section 1

Profile

First Name: _____ Last Name: _____
 Email address: _____ Home Phone: _____ Mobile: _____
 Primary address: _____ Unit No.: _____
 City: _____ Prov: _____ Postal Code: _____
 Date of Birth: (MM/DD/YYYY) _____ Age: _____

Please indicate if you wish to be recognized as one of the following (please check all that apply):

- Indigenous New Canadian (resided in Canada for less than 10 years)
 Not Applicable/Do Not Wish to Answer

Section 2

Education Profile

Current Institution name: _____
 Address: _____
 City: _____ Province: _____ Postal Code: _____

Undergraduate Degree: _____ Current Cumulative GPA: _____

Current post graduate Cumulative GPA: (if applicable)

Section 3

Athletic Profile

Sport: _____
 Coach Name: _____
 Coach email: _____ Coach phone: _____
 Years of participation at post secondary institution: _____

Section 4:

Supporting Documentation (please attach said documentation and indicate below said documentation is included)

- Official transcript of post-secondary institution
 Letter of recommendation
 Letter of acceptance to post graduate professional designation program
 Applicant essay
 Current official transcript of post-graduate institution (if applicable)
 Applicant list of leadership awards and/or honours

Section 5:

Disclaimer(s):

I hereby acknowledge that the Hockey Canada Foundation may require additional information.

I hereby release, discharge or hold harmless Hockey Canada and the Hockey Canada Foundation, their respective board of directors, officers and members, and the Pat Quinn Scholarship Fund selection committee members and fund donors from all damages or claims arising out of my participation in this program.

I hereby acknowledge that all rights (including moral rights), title and interest, including copyrights, to any essay submitted by the Applicant as part of the application process, and the Applicant specifically waives any right to make any claim relating thereto. The Applicant understands and agrees that the Hockey Canada Foundation shall have the right to edit, adjust, modify, condense, publish and/or excerpt any such essay, for such purposes as it deems appropriate, in the exercise of an absolute discretion, with or without attribution to the Applicant.

I hereby acknowledge that I shall be responsible for any taxes associated with this financial award and that I shall personally utilize the award as intended and shall not transfer said financial award to any other person.

I hereby acknowledge that I have read and understood the Pat Quinn Scholarship Fund Guidelines, and that I agree to be fully bound by all of the terms and conditions described therein.

Signature of Applicant: _____

Print name: _____

Date: (MM/DD/YYYY) _____