



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). **Please submit one file (pdf) including all required documentation.**

- 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)