



GRADUATE AWARD PROGRAM APPLICATION

APPLICANT NAME	
FULL MAILING ADDRESS	
PHONE NUMBER	(H): _____ (C): _____
PRIMARY EMAIL	
NAME OF POST SECONDARY INSTITUTION (PLEASE ATTACH PROOF OF ENROLMENT)	
NAME OF GRADUATING HIGH SCHOOL	
MAJOR AREA OF STUDY	
PROGRAM START DATE	
ARE YOU A RESIDENT OF NS?	Yes _____ No _____ # OF YEARS _____

COMPLETE THE FOLLOWING ITEMS – USE ADDITIONAL PAPER AS REQUIRED.

1. Please describe your academic goals for the coming year (100 words maximum).
2. Describe your current ringette and sports involvement (100 words maximum).
3. Describe your plans for participating in sport after high school (100 words maximum).

By submitting this application I confirm the following:

- The information on this application is correct.
- I understand the conditions on which this award is given.
- I release the information on this application to the members of the Ringette Nova Scotia Graduate Awards Committee.

Applicant Signature _____
Date

If player named above is under 18, this application must be signed by a parent or guardian.

Parent/Guardian Signature _____
Date

COMPLETED APPLICATIONS SHOULD BE MAILED OR DELIVERED IN PERSON TO
RINGETTE NOVA SCOTIA, ATTENTION: EXECUTIVE DIRECTOR

DEADLINE FOR APPLICATIONS: MAY 15, 2011

