



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 – ATTACH SUPPLEMENTAL DOCUMENT WITH APPLICATION.

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.
- I give permission to Ringette Nova Scotia to release my photo with the announcement of the award with the understanding it will be on social media.

Applicant Signature

Date

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

Parent/Guardian Signature

Date

ALL APPLICATIONS ARE TO BE EMAILED TO THE EXECUTIVE DIRECTOR
 ringette@sportnovascotia.ca

DEADLINE FOR APPLICATIONS: MAY 31st Annually

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 www.ringette.ns.ca

