

2024 FRAMINGHAM YOUTH HOCKEY PROGRAM SCHOLARSHIP APPLICATION

Fill out this application completely. Return by mail (postmarked no later than May 15, 2024) to the address below along with the four requirements. Any application received that does not have all requirements and criteria stated below will not be considered.

1. A copy of your most recent high school transcript. **Report cards are not sufficient**
2. A typed essay describing how your experience with FYHP has helped to shape you into the person you are today, emphasizing your contributions (past, present and future) to FYHP and your community. (please do not use your personal essay from your college application)
3. A letter of recommendation from a high school faculty member.
4. A letter of recommendation from an FYHP coach or someone who is familiar with your participation in the program.

**APPLICANT:**

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Years/Teams played for FYHP: \_\_\_\_\_

Current High School: \_\_\_\_\_ Date of Graduation: \_\_\_\_\_

**APPLICANT'S FAMILY:**

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Siblings: Name(s)	Age	School (or location if out of school)	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List the names of the top three colleges/schools to which you have applied and status of your application:

1. \_\_\_\_\_ application status \_\_\_\_\_
2. \_\_\_\_\_ application status \_\_\_\_\_
3. \_\_\_\_\_ application status \_\_\_\_\_

If you have decided on a school for the fall, please specify which one: \_\_\_\_\_

School Activities

Community Activities & Services (Including FYHP)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mail completed application including your essay and have your letters of recommendation by May 15, 2024 to:

FYHP Scholarship Committee  
PO Box 2391  
Framingham, MA 01703