



## **B.F. Lorenzetti & Associates Inc. Jim Stirling Scholarship Bursary**

September 15, 2017

B.F Lorenzetti & Associates are retained as Insurance Brokers for Hockey Canada. They are committed towards risk management, loss control objectives and assisting in making the game of hockey a safe and enjoyable sport. As long time insurance brokers of Hockey Canada, B.F. Lorenzetti provides each Hockey Canada Branch a \$1000 for the Jim Stirling Scholarship. In the specific case of Hockey North, we have two Territories, we receive \$1,000 for each of the NWT and Nunavut to provide to deserving hockey participants for continued education.

The Jim Stirling Scholarship will be awarded to a hockey participant (player, official, etc.) currently enrolled in a college/university program who has, in the opinion of the Association, displayed a high degree dedication to his or her team/position combined with scholastic excellence. The recipient will be selected by a Committee comprised of the Executive Director of Hockey North and a delegate from the representing zone. The scholarship will be awarded at a Hockey North meeting following the application deadline.

The Application deadline is January 15, 2018.

**Hockey North**  
**Attn: Kyle Kugler**  
**237 Borden Drive Yellowknife, NT X1A 3R2**

If you require further information, please feel free to contact the Hockey North at (867) 446-8890 or email [kylek@hockeynorth.ca](mailto:kylek@hockeynorth.ca)

Sincerely,

Kyle Kugler, Executive Director



# B.F. Lorenzetti & Associates Inc. Jim Stirling Scholarship Bursary APPLICATION FORM

## SECTION I.

APPLICANT INFORMATION										
LAST NAME					FIRST NAME			MIDDLE INITIAL(S)		
DATE OF BIRTH	MM		DD		YY		EMAIL ADDRESS			
ADDRESS										
CITY / TOWN					POSTAL CODE					
PHONE NUMBER					ALTERNATE NUMBER					
PARENT / GUARDIAN INFORMATION										
LAST NAME					FIRST NAME			MIDDLE INITIAL(S)		
PHONE NUMBER					EMAIL ADDRESS					
MAILING ADDRESS (IF NOT THE SAME)										

## SECTION II.

EDUCATIONAL BACKGROUND				
<b>A. EDUCATION</b>				
YEAR	GRADE/YEAR	SCHOOL/COLLEGE/UNIVERSITY	TOWN/CITY	DIPLOMA
<b>B. EDUCATIONAL PLANS FOR NEXT ACADEMIC YEAR</b>		UNIVERSITY <input type="checkbox"/>	COMMUNITY COLLEGE <input type="checkbox"/>	OTHER <input type="checkbox"/>
<b>C. POST-SECONDARY INSTITUTION(S) YOU PLAN TO ATTEND (RANK IN ORDER OF CHOICE).</b>				
1. SCHOOL NAME		TOWN / PROVINCE		MAJOR
2. SCHOOL NAME		TOWN / PROVINCE		MAJOR
3. SCHOOL NAME		TOWN / PROVINCE		MAJOR



**SECTION V.**

WORK EXPERIENCE					
1. EMPLOYER		TOWN / PROVINCE		POSITION	
2. EMPLOYER		TOWN / PROVINCE		POSITION	
3. EMPLOYER		TOWN / PROVINCE		POSITION	

**SECTION VI.**

HOW HAVE YOU DEMONSTRATED A COMMITMENT TO MAKING HOCKEY A SAFE AND ENJOYABLE SPORT?

(ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)

