



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

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

SECTION III.

PLAYING/OFFICIATING/COACHING BACKGROUND

A. HOCKEY EXPERIENCE

| YEAR | PLAYER / OFFICIAL / COACH | LEVEL/CERTIFICATION | POSITION | ASSOCIATION |
|------|---------------------------|---------------------|----------|-------------|
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B. TEAM / INDIVIDUAL RECOGNITION OR AWARDS (ATTACH LIST OF NECESSARY):

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C. NCCP / OFFICIATING / TRAINING CERTIFICATIONS:

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SECTION IV.

SCHOOL ACTIVITIES

A. LIST VARIETY OF ACTIVITIES, INCLUDING OFFICES AND/OR POSITIONS HELD (ATTACH LIST IF NECESSARY)

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B. AWARDS / RECOGNITION (ATTACH LIST IF NECESSARY)

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| ACADEMIC | |
| ATHLETIC | |
| OTHER | |

C. COMMUNITY SERVICE: DEMONSTRATED SERVICE THROUGH ACTIVE PARTICIPATION.

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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)

SECTION VII.

ANYTHING ELSE THAT YOU WOULD LIKE TO MENTION THAT HAS NOT BEEN COVERED IN THIS APPLICATION

(ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)

PLEASE INCLUDE WITH THIS APPLICATION

- **COPY OF TRANSCRIPT**
- **TWO REFERENCE LETTERS; 1 HOCKEY AND 1 ACADEMIC**

REFERENCES: LIST THREE (2) REFERENCES (NON-RELATIVES):

| | | | |
|---------------------|--|----------------------|--|
| LAST NAME | | FIRST NAME | |
| PHONE NUMBER | | EMAIL ADDRESS | |

| | | | |
|---------------------|--|----------------------|--|
| LAST NAME | | FIRST NAME | |
| PHONE NUMBER | | EMAIL ADDRESS | |

CERTIFICATION:

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND CAN BE VERIFIED UPON REQUEST.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF PARENT/GUARDIAN

DATE

APPLICATIONS MUST BE RECEIVED NO LATER THAN DEADLINE SPECIFIED ON THE HOCKEY NORTH WEBSITE AND FORWARDED TO: **HOCKEY NORTH**, 237 BORDEN DRIVE, YELLOWKNIFE, NORTHWEST TERRITORIES, X1A 3R2
KYLEK@HOCKEYNORTH.CA