



HOCKEY NORTHWESTERN ONTARIO

HOCKEY NORTHWESTERN ONTARIO ARNOLD SOUTHERN MEMORIAL BURSARY 2024 - 2025

1. The bursary will be awarded to a student(s) registered under HNO during the 2024-2025 hockey season, and attending Grade 12 at any secondary school within the Districts of Thunder Bay, Kenora or Rainy River.
2. The amount of the bursary will be determined annually by the Trustees.
3. In order to qualify:
 - a) You must obtain a Grade 12 diploma and be continuing FULL time education at a college or university.

Please indicate **name, location and course** of college/university you will be attending:

College _____ Location _____ Course _____

University _____ Location _____ Course _____
 - b) **Upon HNO receiving proof of payment of registration at a college or university the student will receive the monies allocated no later than December 31, 2024.**
 - c) The student must have been active in a hockey program during the 2024-2025 season.(player, coach, bench staff, off ice official) under the jurisdiction of Hockey Northwest Ontario.
4. The bursary will be judged on the following:
 - a) Academic standing 60%
 - b) Athletic Achievement 35%
 - c) Leadership/Volunteer 5%
 - d) Need will be a consideration **Please attach a separate letter to your documentation if need is to be considered.**
5. Judges for award will be the Trustees of the bursary and their decision will be final.
6. Completed applications are to be forwarded via mail, email, or fax to:

Hockey Northwest Ontario
Arnold Southern Memorial Bursary
1224 Amber Drive
Thunder Bay, Ontario
P7B 6M5

info@hockeyhno.com

APPLICATION DEADLINE – 4:00 P.M. FRIDAY APRIL 11, 2025



HOCKEY NORTHWESTERN ONTARIO

ARNOLD SOUTHERN MEMORIAL BURSARY ACADEMIC APPLICATION FORM 2024-2025

Candidate: _____

Address: _____

Email: _____

School: _____

Candidate's Grade 12 subjects and all marks for the 2024 - 2025 school year (to date)

	Subject	Mark	Comments
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
	Overall Average:		

* Please indicate here if student mark represents a mark obtained in a year other than the present and the circumstances.

Principal's Comments:

Principal's Signature or School Official

Date



HOCKEY NORTHWESTERN ONTARIO

ARNOLD SOUTHERN MEMORIAL BURSARY ATHLETIC APPLICATION FORM 2024-2025

Candidate:

Name of Team:

HNO Association

Position Played*

Special Athletic Awards Won (include non-hockey awards)

Award	Year

***indicate if an on ice official, coach or bench staff.**

If Team Captain/Assistant, indicate year(s): _____

Number of year participation (state season[s]): _____

Hockey Association's comments:

Signature (Hockey Official)

Date



HOCKEY NORTHWESTERN ONTARIO

ARNOLD SOUTHERN MEMORIAL BURSARY LEADERSHIP APPLICATION FORM

Candidate: _____

Address: _____

Email: _____

School: _____

List below the organizations in which the Candidate has been involved in:

Organization/Activity	Position Held	Year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Principal's Comments:

Principal's Signature or School Official

Date

I hereby certify that to the best of my knowledge, the information on this application is correct.

Candidate's Signature

Date