



## Wisconsin Amateur Hockey Association, Inc.

### WISCONSIN AMATEUR HOCKEY ASSOCIATION/ WISCONSIN HOCKEY HALL OF FAME 32<sup>nd</sup> ANNUAL SCHOLARSHIPS

### SEVEN \$1,500.00 SCHOLARSHIPS AND A \$2,000.00 DON KOHLMAN MEMORIAL SCHOLARSHIP

#### **PROCEDURE FOR SCHOLARSHIP COMMITTEE:**

1. Applications to be received by Committee by May 10, 2024.
2. Winners will be notified by May 31, 2024 and will be invited to the Wisconsin Amateur Hockey Association Annual Meeting.
3. Announcement of Scholarship Winners will be made at the Wisconsin Amateur Hockey Association Annual Meeting on August 3, 2024.
4. Scholarship Committee to consist of: Representative from the Wisconsin Amateur Hockey Association Board, representative from the Wisconsin Hockey Hall of Fame Board, and two outside people appointed by the two Boards.

#### **ELIGIBILITY**

1. Open to ALL high school seniors.
2. Must continue full time education at an accredited University, College, or Technical School.
3. Applicants, who have been selected to receive the scholarships and play junior hockey before entering school, must start school within the first year after playing junior hockey.

#### **CRITERIA USED IN SELECTION**

1. Written essay by applicant indicating: (a) why he/she deserves scholarship, (b) school and community activities.
2. Academic achievements.
3. Two or more letters of Recommendation from High School representatives or Other Community members of your choice (*Principal, Athletic Director, Coach, Teacher, Guidance Counselor or Other Community Member*)



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Return to: Don Bradford  
610 N 11th Street  
Wausau, WI 54403  
715-573-7596  
[610bradford@gmail.com](mailto:610bradford@gmail.com)

#### **FORM A**

**DEADLINE: May 10, 2024**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Cell Phone Number: \_\_\_\_\_

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

1. To What Colleges or Schools Have You Applied?

2. Write an essay explaining why you want this scholarship and how you would use it. Be sure to include **school** and **community** activities. Essay should not be longer than two pages.

Applicant's Signature: \_\_\_\_\_



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#### **FORM B**

**DEADLINE: May 10, 2024**

To: The Principal of Your High School

\_\_\_\_\_ is an applicant for a Wisconsin Amateur Hockey Association/ Wisconsin Hockey Hall of Fame Scholarship. Please enter his/her grade point average through the first semester of his/her senior year and verify it with your signature.

Grade Point Average: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

#### **ATTENTION PARENTS**

Authorization to Release My Son/Daughter's High School Transcript

Date: \_\_\_\_\_

\_\_\_\_\_ (Seal)

\_\_\_\_\_ (Seal)

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**FORM C**

**DEADLINE: May 10, 2024**

**LETTERS OF RECOMMENDATION FROM  
REPRESENTATIVES OF YOUR HIGH SCHOOL STAFF OR  
OTHER COMMUNITY MEMBERS**

*(Please include comments pertaining to other sports,  
leadership, community service, and other achievements.)*

Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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**DEADLINE: May 10, 2024**

**Name & Addresses of Local Papers**

Please list local newspaper you would like a press release sent to, should you receive this award.

Newspaper: \_\_\_\_\_

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

Newspaper: \_\_\_\_\_

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_