



March 21, 2011



BF LORENZETTI EDUCATIONAL BURSARY

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 provincial branch a \$1000 educational "Bursary Program" to provide to a deserving hockey participant for continued education.

The Bursary will be awarded to a hockey participant (player, official, etc) either entering or currently enrolled in a university/college program who has, in the opinion of the Association, displayed a high degree of tenacity and dedication to his or her team/position combined with scholastic excellence. The recipient will be selected by a Committee comprised of the Directors of Hockey PEI and the bursary will be awarded at the Annual General Meeting of the Association to be held in June.

Applications will be received until Friday May 13, 2011. Please forward to:

***Hockey PEI
Scholastic Award Committee
PO Box 302
Charlottetown PEI
C1A 7K7***

If you require further information, please feel free to contact the Hockey PEI Office (902) 368-4334 or email tami@hockeypei.com

Yours in Hockey,

Eugene Power, President
Hockey PEI



SUPPLEMENTARY INFORMATION

LIST HOCKEY TEAMS YOU PLAYED FOR IN THE LAST TWO YEARS AND THE POSITION PLAYED. IF THE APPLICANT IS AN OFFICIAL, PLEASE DESCRIBE YOUR OFFICIATING INVOLVEMENT WITH HOCKEY PEI:

LIST OTHER SPORTS YOU PLAYED IN ORGANIZED GROUPS IN THE LAST TWO YEARS, POSITION PLAYED AND NATURE OF GROUP:

LIST ANY EXTRA-CURRICULAR ACTIVITIES AND/OR HOBBIES THAT YOU HAVE PARTICIPATED IN DURING THE LAST TWO YEARS:

STATE WHETHER YOU HELD ANY OFFICES IN ANY CLUBS OR GROUPS. IF "YES", STATE GROUP AND POSITION:

GENERAL STATEMENT OF YOUR FUTURE ASPIRATIONS AND CAREER AMBITIONS:

WRITE A ONE-PAGE ESSAY ON "WHAT HOCKEY MEANS TO ME." (last page)

DECLARATION OF APPLICANT: "I, _____, do solemnly declare: that a) to the best of my knowledge and belief, the required information supplied above is correct and complete in every respect; and, b) that any monies issued on the basis of this application will be used for valid educational expenses associated with my university study.

Signature of Applicant: _____ **Date:** _____

Signature of Parent/Guardian: _____ **Date:** _____
(required for those under the age of majority)

“What Hockey Means To Me”

Name: