

**Muskoka Parry Sound Minor Hockey League
Bursary Program Application Form**

Name _____ Birthdate _____ Gender _____

Address _____

Phone _____ E-mail _____

Hockey Background

Please include last three seasons of hockey participation.

Year	Team &/ Centre	Position (player, coach, official)

Education Information

School _____

Address _____ Phone _____

Post-Secondary Institutions accepted at or enrolled in: _____

Area of Study _____

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

The application and supporting documents must be submitted to your local Association's OMHA Centre Contact who must forward it to the Muskoka Parry Sound Minor Hockey League Executive by July 31st, 2019.