



GRAMMAR WINDSOR HOCKEY CLUB INC

Premier Scholarship Application Form

Full Name: _____

Address: _____

Mobile Phone: _____

Home Phone: _____

Email: _____

List your key hockey achievements to date (Please ensure that you detail all teams you have been selected for as well as the year you were selected):

What is your key sporting goal/s for this season?

How would a scholarship benefit both you and Grammar Windsor Hockey Club?

In signing this application I confirm that the above information is true and correct, that I have read and understood the Scholarship Conditions and if selected I agree to abide by those conditions.

Signed: _____

Date: _____

Return to Grammar Windsor Hockey Club
P O Box 109641
Newmarket 1149
AUCKLAND
ATTN: CLUB PRESIDENT