Fairport Rotary

Sean Shortsleeve Memorial

Scholarship

Applicant’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent /Guardian Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Household Income (Gross)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PYH Program (Check One)

[ ] DoodleBugs Beginner/Intermediate

[ ] Overage Beginner

[ ] House 7U/8U – Mites

[ ] House 10U – Squirts

[ ] House 12U – PeeWees

[ ] House 14U – Bantams

[ ] House 18U – Midgets

[ ] Travel 9U – Sq Min

[ ] Travel 10U – Sq Maj

[ ] Travel 11U – Pw Min

[ ] Travel 12U – Pw Maj

[ ] Travel 13U – Ban Min

[ ] Travel 14U – Ban Maj

[ ] Travel 15 Pure

[ ] Travel 16U

[ ] Travel 17U

[ ] Travel 18U

Please answer the following questions.

Please describe the reason for your need of financial assistance:

Why do you like to play the game of hockey?

What qualities do you see in yourself that hockey is helping to develop?

What qualities do you bring to help your teammates, your coaches and the PYH program?

Fairport Rotary Sean Shortsleeve Memorial Scholarship

Guidelines

1. Applicant must be registered with Perinton Youth Hockey for the 2017-18 season.
2. Scholarship is for one season only.

1. Recipients will be selected by the Fairport Rotary Club and not by Perinton Youth Hockey. The decision of the selection panel is final and may not be appealed.
2. There may be up to 9 scholarships awarded for each season. This number is determined by the number of qualified applicants and by the funds currently available.

1. The breakdown of scholarships is as follows:

Partial scholarships not to exceed 50 % of the published Perinton Youth Hockey Travel fee schedule.

Partial scholarships not to exceed 50 % of the published Perinton Youth Hockey House fee schedule.

Partial scholarships not to exceed 50% of the published Perinton Youth Hockey Perinton Youth Hockey Overage Beginner fee schedule.

Full (100 %) scholarships for the DoodleBugs Beginner/Intermediate program based on the published Perinton Youth Hockey fee schedule.

1. Application must be mailed by August 31, 2017. Applications postmarked after this date are ineligible. Send applications to:

Sean Shortsleeve Memorial Scholarship

ATTN: Peter J. Lovier  
Peter J. Lovier & Associates, Inc.  
39 Skelby Moor Lane  
Fairport, NY 14450