

# **WRIGHT FUND SCHOLARSHIP AWARD APPLICATION CRITERIA**

**The WRIGHT FUND SCHOLARSHIP will be awarded annually to a District # 6 youth hockey player. The number of scholarships awarded and the amount of the scholarship will be determined annually by the amount available in the fund.**

**Applicants must meet the following criteria:**

- 1. Must have participated in a Massachusetts District #6 hockey program for at least three years.**
- 2. The applicant must expect to receive a high school diploma in the spring from an accredited secondary school.**
- 3. The applicant must have been accepted and plan to enroll in an institute of higher learning.**

**Requirements for application:**

- 1. An applicant must submit a complete application packet which will include the following:**
  - An application form.**
  - Three letters of recommendation including one letter from a current or former hockey coach and not a relative of the applicant.**
  - Essay stating the importance hockey has played in your life and what influence it has had on your character.**
  - Copy of high school transcript**
  - Copy of acceptance letter into an institute of higher learning.**
  - Verification of involvement from the hockey league you have participated in.**
- 2. The completed application packet must be submitted on or before April 15<sup>th</sup> and mailed to:**

**Susan Wright  
The Wright Fund Scholarship  
4 Hawthorne Village  
Concord, MA 01742**
- 3. Final selection will be made by June 15<sup>th</sup> and awarded shortly thereafter.**

# WRIGHT FUND SCHOLARSHIP AWARD APPLICATION

## PERSONAL INFORMATION

DATE \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

## YOUTH HOCKEY INFORMATION

Applicant must have participated in a MA District #6 youth hockey program for at least 3 yrs.

Please attach a letter from the Director of your program verifying this information.

<u>YEAR</u>	<u>LEVEL</u>	<u>NAME OF TOWN PROGRAM</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## SCHOOL INFORMATION

HIGH SCHOOL \_\_\_\_\_

ADDRESS OF SCHOOL \_\_\_\_\_

TELEPHONE # OF SCHOOL \_\_\_\_\_

**Please list any school or community awards or activities. (Sports, school, community, church, etc.) Attach an additional sheet if necessary:**

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# **WRIGHT FUND SCHOLARSHIP AWARD APPLICATION**

## **PERSONAL STATEMENT**

**Please attach a separate sheet with your statement of what hockey has meant to you in your life and what influence it has had on your character. This essay should be no more than 150 words.**

## **ADDITIONAL REQUIREMENTS**

- 1. Copy of High School transcript.**
- 2. Letter of acceptance to an institute of higher learning.**
- 3. Three letters of recommendation; one letter from a current or former coach other than a relative.**

**MAIL COMPLETED APPLICATION ON OR BEFORE APRIL 15<sup>TH</sup>**  
**TO:**

**Susan Wright  
The Wright Fund  
4 Hawthorne Village  
Concord, MA 01742**

**Questions regarding application process can be directed to:**

**Susan Wright      978-371-9662  
Robert Wright    860-749-3565**