## Clarkstown Capitals Hockey Club, Inc. College Scholarship Application 2007

Name: ,	Date of Birth:		
Last Name	First Name		
Address: Street	City	State	 Zip
Phone Number: CCHC:	Graduation Date:	Years in	
Current High School:		_	
GPA:	Class Rank:		
Colleges Applied To:		_	
_		- -	
		_	
Honors and Awards (Hi	gh School)		
Extracurricular Activition	es (clubs, work, etc.)		
Community Service (in	and out of school)		

Please describe how your CCHC hockey career has helped you prepare for the college experience you are about to undertake (500 Words).

Return completed application with a copy of your transcript by **April 1** to: **CCHC, PO. Box 356, Congers, NY 10920** 

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The Clarkstown Capitals travel hockey program is dedicated to the development of youth hockey players in the skills of the game and the commitment to sportsmanship. Our goals are to improve our skills while learning life lessons. We strive to perform to the best of our abilities and be part of a team experience.

To be eligible for the scholarship, you must have played for the Clarkstown Capitals and graduated from the Midget program. One scholarship of \$500 will be offered.

After submission of the application, the Board of the Clarkstown Capitals Hockey Club, Inc will determine the winner of the scholarship. An interview may be required for the finalists before a final decision is made.