



## **B.F. Lorenzetti & Associates Inc. Jim Stirling Scholarship Bursary**

September 15, 2017

B.F Lorenzetti & Associates are retained as Insurance Brokers for Hockey Canada. They are committed towards risk management, loss control objectives and assisting in making the game of hockey a safe and enjoyable sport. As long time insurance brokers of Hockey Canada, B.F. Lorenzetti provides each Hockey Canada Branch a \$1000 for the Jim Stirling Scholarship. In the specific case of Hockey North, we have two Territories, we receive \$1,000 for each of the NWT and Nunavut to provide to deserving hockey participants for continued education.

The Jim Stirling Scholarship will be awarded to a hockey participant (player, official, etc.) currently enrolled in a college/university program who has, in the opinion of the Association, displayed a high degree dedication to his or her team/position combined with scholastic excellence. The recipient will be selected by a Committee comprised of the Executive Director of Hockey North and a delegate from the representing zone. The scholarship will be awarded at a Hockey North meeting following the application deadline.

The Application deadline is January 15, 2018.

**Hockey North**  
**Attn: Kyle Kugler**  
**237 Borden Drive Yellowknife, NT X1A 3R2**

If you require further information, please feel free to contact the Hockey North at (867) 446-8890 or email [kylek@hockeynorth.ca](mailto:kylek@hockeynorth.ca)

Sincerely,

Kyle Kugler, Executive Director



# B.F. Lorenzetti & Associates Inc. Jim Stirling Scholarship Bursary APPLICATION FORM

## SECTION I.

APPLICANT INFORMATION										
LAST NAME					FIRST NAME			MIDDLE INITIAL(S)		
DATE OF BIRTH	MM		DD		YY		EMAIL ADDRESS			
ADDRESS										
CITY / TOWN					POSTAL CODE					
PHONE NUMBER					ALTERNATE NUMBER					
PARENT / GUARDIAN INFORMATION										
LAST NAME					FIRST NAME			MIDDLE INITIAL(S)		
PHONE NUMBER					EMAIL ADDRESS					
MAILING ADDRESS (IF NOT THE SAME)										

## SECTION II.

EDUCATIONAL BACKGROUND							
<b>A. EDUCATION</b>							
YEAR	GRADE/YEAR	SCHOOL/COLLEGE/UNIVERSITY	TOWN/CITY	DIPLOMA			
<b>B. EDUCATIONAL PLANS FOR NEXT ACADEMIC YEAR</b>		UNIVERSITY	<input type="checkbox"/>	COMMUNITY COLLEGE	<input type="checkbox"/>	OTHER	<input type="checkbox"/>
<b>C. POST-SECONDARY INSTITUTION(S) YOU PLAN TO ATTEND (RANK IN ORDER OF CHOICE).</b>							
1. SCHOOL NAME			TOWN / PROVINCE		MAJOR		
2. SCHOOL NAME			TOWN / PROVINCE		MAJOR		
3. SCHOOL NAME			TOWN / PROVINCE		MAJOR		

**SECTION III.**

PLAYING/OFFICIATING/COACHING BACKGROUND				
A. HOCKEY EXPERIENCE				
YEAR	PLAYER / OFFICIAL / COACH	LEVEL/CERTIFICATION	POSITION	ASSOCIATION
B. TEAM / INDIVIDUAL RECOGNITION OR AWARDS (ATTACH LIST OF NECESSARY):				
C. NCCP / OFFICIATING / TRAINING CERTIFICATIONS:				

**SECTION IV.**

SCHOOL ACTIVITIES	
A. LIST VARIETY OF ACTIVITIES, INCLUDING OFFICES AND/OR POSITIONS HELD (ATTACH LIST IF NECESSARY)	
B. AWARDS / RECOGNITION (ATTACH LIST IF NECESSARY)	
ACADEMIC	
ATHLETIC	
OTHER	
C. COMMUNITY SERVICE: DEMONSTRATED SERVICE THROUGH ACTIVE PARTICIPATION.	

**SECTION V.**

<b>WORK EXPERIENCE</b>					
<b>1. EMPLOYER</b>		<b>TOWN / PROVINCE</b>		<b>POSITION</b>	
<b>2. EMPLOYER</b>		<b>TOWN / PROVINCE</b>		<b>POSITION</b>	
<b>3. EMPLOYER</b>		<b>TOWN / PROVINCE</b>		<b>POSITION</b>	

**SECTION VI.**

**HOW HAVE YOU DEMONSTRATED A COMMITMENT TO MAKING HOCKEY A SAFE AND ENJOYABLE SPORT?**

(ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)

**SECTION VII.**

ANYTHING ELSE THAT YOU WOULD LIKE TO MENTION THAT HAS NOT BEEN COVERED IN THIS APPLICATION

(ATTACH SEPARATE SHEET OF PAPER IF NECESSARY)

**PLEASE INCLUDE WITH THIS APPLICATION**

- **COPY OF TRANSCRIPT**
- **TWO REFERENCE LETTERS; 1 HOCKEY AND 1 ACADEMIC**

**REFERENCES:** LIST THREE (2) REFERENCES (NON-RELATIVES):

<b>LAST NAME</b>		<b>FIRST NAME</b>	
<b>PHONE NUMBER</b>		<b>EMAIL ADDRESS</b>	

<b>LAST NAME</b>		<b>FIRST NAME</b>	
<b>PHONE NUMBER</b>		<b>EMAIL ADDRESS</b>	

**CERTIFICATION:**

I HEREBY CERTIFY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT AND CAN BE VERIFIED UPON REQUEST.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

APPLICATIONS MUST BE RECEIVED NO LATER THAN DEADLINE SPECIFIED ON THE HOCKEY NORTH WEBSITE AND FORWARDED TO: **HOCKEY NORTH**, 237 BORDEN DRIVE, YELLOWKNIFE, NORTHWEST TERRITORIES, X1A 3R2  
[KYLEK@HOCKEYNORTH.CA](mailto:kylek@hockeynorth.ca)