



JAXON JOSEPH MEMORIAL SCHOLARSHIP NOMINATION FORM

I HAVE READ AND UNDERSTAND THE INSTRUCTIONS AND DECLARE THAT:

- a. All information provided is true and complete and I understand it is subject to audit;
- b. The player I have nominated is aware of the nomination and is in agreement to being nominated.

I UNDERSTAND AND AGREE THAT:

- a. The nominee's personal information pertaining to their high school, hockey and other pertinent performance and character will be discussed and shared.
- b. The Fort McMurray Minor Hockey Association will release the name and award value of the nominee if they receive a scholarship.

Signature of person nominating:

Date:

Signature of nominee:

Date:

Please ensure that:

- a. The application is complete, signed and dated;
- b. Two letters of reference are included in sealed envelopes.



JAXON JOSEPH MEMORIAL SCHOLARSHIP APPLICATION FORM

The personal information that you provide on this form is being collected under the authority of the Freedom of Information and Protection of Privacy Act of Alberta. It will be used by the Fort McMurray Minor Hockey Association to help determine successful award applicants. The information will be protected in compliance with the provisions of the Freedom of Information and Protection of Privacy Act of Alberta. This information will be retained by the FMMHA in accordance with approved Records and Information Management guidelines, after which it will be destroyed in a secure manner. If you have any questions about the collection and use of this personal information, please contact the President of the Fort McMurray Minor Hockey Association.

Name of Nominator		Name of Nominee	
	Address		
City	Province	Postal Code	Telephone Number
Permanent resident of RMWB since:		High School Attended(ing):	
Place of birth: (City and Country)		Citizenship (If landed immigrant, please attach copy of immigration form)	
Proposed Post Secondary Studies		Name of Institution:	
Location:		Entry date for Program:	

WHY ARE YOU NOMINATING THIS PLAYER?

Considering what you know about Jaxon Joseph, in the space below, or on a separate sheet, please tell us about why this person is an appropriate nominee for this Scholarship and deserving of such an award. You may add an extra page to the application if you need more space. Please also include two completed letters of reference in a SEALED envelope. ____