



# IHOA

ILLINOIS HOCKEY OFFICIALS ASSOCIATION

IN ASSOCIATION WITH



The IHOA scholarships are awarded each spring to student officials who exhibit in school, on the ice and in their community the true spirit of USA Hockey, AHAI and IHOA. This scholarship, awarded to student officials annually, is applicable towards college tuition at an accredited college or university.

### **Important submission dates:**

**Application period opens: January 1**

**Application period closes: April 1**

## **IHOA SCHOLARSHIP CRITERIA AND ELIGIBILITY REQUIREMENTS**

- The scholarship is available to both male and female applicants.
- Applicants must be an active member of IHOA.
- Applicants must be applying and planning to attend college as a full-time student in the school year following the award.
- Applicant must graduate from high school no later than June of the award year.
- Academic standing, including but not limited to grades, class rank, standardized tests scores and curriculum.
- Community and Volunteer Service
- Extracurricular activities
- Leadership and Character
- Letters of Recommendation



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***Personal Information:***

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_

E-M A I L ADDRESS: \_\_\_\_\_

HOME TELEPHONE NUMBER: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

SIBLING'S NAMES & AGES: \_\_\_\_\_



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***High School Information:***

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Current GPA: \_\_\_\_\_ Junior Year: \_\_\_\_\_ Senior Year: \_\_\_\_\_

Class Rank: \_\_\_\_\_ Date of High School Graduation: \_\_\_\_\_

ACT Score: \_\_\_\_\_ SAT Score: \_\_\_\_\_

Special awards and/or recognition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sports played (indicate varsity letter(s) where applicable: (non-hockey) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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School club participation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hobbies & Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Community Service: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

College/University you are planning to attend: \_\_\_\_\_

\_\_\_\_\_

Intended Major: \_\_\_\_\_

Intended Minor: \_\_\_\_\_





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## ***QUESTIONS:***

(Please limit your answer to one typed/ written page per question)

- 1) Discuss how your experiences as an official assisted in your development as a student and a person.
- 2) Discuss how the IHOA scholarship would enhance your future educational plans and goals in life.

## ***Letters of Recommendation:***

(Please Attach)

## **Applications Due: April 1**

Return Applications to Treasurer Geoff Schlender --- [gslender@mindspring.com](mailto:gslender@mindspring.com)