

Oro Minor Hockey Association Jack McCullough Bursary Program Application Form

Name	Birthdate	Gender
Address		
Phone	E-mail	
Hockey Background Please include last three	seasons of hockey participa	tion.
Year	Team &/ Centre	Position (player, coach, official)
Education Information		
School		
Address		Phone
Post-Secondary Institution	ons accepted at or enrolled i	n:
Area of Study		
Applicant Signature		Date
Parent/Guardian Signatu	re	Date
Essay		

What hockey has meant to me and how has it contributed to the person I am today?

The application, supporting documents, and essay must be submitted to the Bursary Committee Chairperson by June 30, 2022. You can email forms to:

president@orominorhockey.ca