



2017

Mike and Louise Adray  
ACHL Scholarship Award  
Application Packet

The Adray – ACHL Scholarship award is a one year scholarship open to any first year student enrolling in a Michigan College, University, Jr. College, Business School or Certified Training School. To be eligible the player has to have participated as at least a **second year PeeWee, or played at Bantam, JV, or 19-U Girls** level on an Adray Community Hockey League team. The applicant should show academic success in high school. Financial need will be considered in the selection process. Financial Aid Forms (FAF or FFS) should be on file at the college of your choice.

The award is not to exceed tuition for your freshman year. The award is presented to the student's college in their name to be applied to their account. Multiple Scholarships will be awarded if financially possible.

The applicant should fill out the appropriate sections of the Application form and return to their High School Counselor to be completed and forwarded to the Chairman of the Scholarship Committee. **The application must be postmarked by May 31, 2017.** A recommendation **MUST** be filled out by the applicants local Adray Community Hockey League Delegate and forwarded directly to the selection committee.

Return Application To:

Mr. Joe Spedowski  
Scholarship Committee  
23400 13 Mile Rd  
Big Rapids, MI 49307



Application Packet  
Mike and Louise Adray – ACHL Scholarship

The following items are necessary:

1. The requirements for eligibility are having participated as at least a second year **PeeWee** or played at the **Bantam, JV, or 19-U Girls** level on an ACHL team and being enrolled as a freshman in a Michigan College, University, Jr. College, Business School or Certified Training School.
2. The Applicant is required to have his local Associations ACHL representative countersign the recommendation.
3. High School Counselors Recommendation must be on High School Letterhead with the contact phone number.
4. **To assure eligibility the completed 2 page application including the student's high school transcript showing the ACT or SAT scores must be mailed by May 31, 2017** to Mr. Joe Spedowski. Incomplete applications will NOT be considered.

Thank you for your assistance,  
Joe Spedowski, Chairman  
ACHL Scholarship Committee

2017 Mike and Louise Adray  
ACHL Scholarship Award  
Application

**Return postmarked no later than May 31, 2017**

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number and Street City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ Birth Date: \_\_\_\_\_

Intended College: \_\_\_\_\_

Parents: \_\_\_\_\_  
Father Occupation Mother Occupation

Family Size: \_\_\_\_\_ Number Attending College: \_\_\_\_\_ Your High School \_\_\_\_\_

Your Hockey Career: (Use extra page(s) as necessary)

1. What service contribution(s) have you made to your local hockey program?
  
  
  
  
  
  
  
  
  
  
2. List your previous hockey experience, i.e. position, accomplishments, awards, ect.
  
  
  
  
  
  
  
  
  
  
3. List your participation on ACHL teams on the following table starting with your most recent participation and going backward

Team	Division	Year	Association	Coach
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Discuss your future educational plans and goals in life.

Describe your plans for financing your college education. Provide the Committee with an itemized list of your projected financial needs for 2017-18. List any scholarship(s) you have applied for or received and the amount.

**Costs:**

Tuition: \$\_\_\_\_\_ Room and Board: \$\_\_\_\_\_ Books: \$\_\_\_\_\_

Misc. Costs: \$\_\_\_\_\_ for: \_\_\_\_\_

**Scholarships:**

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Funded? Amount:\$\_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Funded? Amount:\$\_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Funded? Amount:\$\_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_ Funded? Amount:\$\_\_\_\_\_

**Other sources of support itemize with amounts:**

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Source: \_\_\_\_\_ Amount: \$\_\_\_\_\_

Return this form to your school counselor to complete the recommendation and send a transcript together with your ACT or SAT results to the Scholarship Committee.

**Counselor's Recommendation (on High School Letterhead with contact phone number please)**

**2017 Mike and Louise Adray  
Adray Community Hockey League Scholarship  
Delegate/Association Recommendation**

**Applicant:** Have a member(s) of your local hockey association who knows you best complete this recommendation form. Have the ACHL Delegate countersign the form if he/she did not write the recommendation and forward the form directly to the Scholarship Committee chairman **No Later than May 31, 2017.**

**Recommender:** Please include in your recommendation the applicants involvement in and contribution(s) to your local hockey program and any other comments or information which you feel might help the applicant.

**Recommendation for:** \_\_\_\_\_

Recommended By: \_\_\_\_\_ ACHL Delegate \_\_\_\_\_

Number & Street: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Return Recommendation to:  
Mr. Joe Spedowski  
ACHL Scholarship Committee  
23400 13 Mile Rd  
Big Rapids, MI 49307