

**Lindsay Lynx Graduating Player of the Year Award Application**

Personal Information

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| --- | --- |
| Name: | Birth Date: |
| Address: | City: |
| Postal Code: | Phone Number: |
| Email: |  |
| How did you hear about the award: |  |

Hockey Background

|  |  |  |
| --- | --- | --- |
| Seasons registered with Lynx: |  | |
| Please list the teams and levels played over your Lynx career: |  |  |
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Other Achievements

|  |  |
| --- | --- |
| Work History (list work history and achievements): |  |
| Volunteer History (list volunteer history and achievements): |  |
| Other Sporting Achievements (list other sporting achievements): |  |

Education Information

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| --- | --- |
| Current School: | Level (Program) Graduating From: |
| Percentage Grade: | Address: |
| City: | Postal Code: |
| Phone Number: |  |
| Future School Enrolled In: | Area of Study: |
| What is your proposed future career path: |  |

*I hereby apply for the Lindsay Lynx Graduating Player of the Year Award and declare that all the information provided is complete and true and have answered all the questions on this form. I have included all the required documents and grant permission to proceed with my application.*

*The player shall accompany this application form with a letter indicating what the Lindsay Lynx Association has meant to them and how it has helped them grow. They can also utilize it to highlight items contained within the application such as work, volunteer, other achievements and future path. The letter is to be a maximum of 1 page in length.*

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| Applicant Signature: | Date: |

Application deadline April 14st, 2022

*The information in this form will be used for the sole purposes of administering the Lindsay Lynx Graduating Player of the Year Award and the applicant understands the winner’s name will be published on the Lynx web page.*