



# CONCORD CARLISLE YOUTH HOCKEY ASSOCIATION

## *Scholarship Application*

### LETTER OF RECOMMENDATION

Name of Applicant: \_\_\_\_\_

Recommended By: \_\_\_\_\_

Occupation/Subject Taught: \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Please complete this recommendation form for the applicant who is applying for one of the Concord Carlisle Youth Hockey Association scholarships, and return the forms to the following address by June 1, 2023.

CCYH - Scholarship Committee  
PO Box 1044  
Concord, MA 01742

One recommendation must be from a representative in your school district. The other two (make copies of form) are from individuals of your choice.

	HIGHEST			LOWEST	
MOTIVATION	5	4	3	2	1
INITIATIVE	5	4	3	2	1
CONCERN FOR OTHERS	5	4	3	2	1
RESPONSIBILITY	5	4	3	2	1
INTEGRITY	5	4	3	2	1
LEADERSHIP ABILITIES	5	4	3	2	1
PARTICIPATION	5	4	3	2	1

Additional Comments:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date