



## Alexander Josephson Memorial Hockey Scholarship

Alex was a talented St. John's Ravenscourt athlete with an exceptional sense of fair play. Although he loved playing soccer, rugby, golf and ultimate, Alex especially loved his time on and off the ice with his Ravenscourt hockey teammates. One of his favourite memories occurred when his team won the 2003 Provincial High School Hockey Championship with Alex selected as a member of the All-Star team.

Alex was tragically taken from his family and friends as a result of a car accident in August, 2005. His friends and teammates have put together two \$2,000.00 annual scholarships in his memory.

### CRITERIA

- Hockey player displaying strong leadership and team play
- Strong scholastic standing – minimum 75% average (please include an official transcript)
- Respected by teammates and coaches
- Proceeding to a post secondary education
- Hard working, diligent approach to the game

Funds will be directed to the educational institute to be applied to tuition or residency.

Award will be presented at the MHSAA Hockey Awards presentation

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## Alexander Josephson Memorial Hockey Scholarship NOMINATION FORM

Please answer the following nomination questions honestly and in as much detail as you feel is necessary:

Athletes name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_  
Street city/town postal code

Phone: \_\_\_\_\_ Birth Date D/M/Y: \_\_\_\_\_ Age \_\_\_\_\_

School: \_\_\_\_\_

School Contact \_\_\_\_\_

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

Academic Average \_\_\_\_\_

A. Please describe this athlete's success through their ability and performance in hockey this past season: (2010-2011 school year only)

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B. Please describe this athlete's extra curricular activity involvements in school and community. (2010-2011 school year only):

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C. Please describe the leadership and mentorship accomplishments of this athlete. (2010-2011 school year only):

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D. Please include one letter of reference from your coach or school administrator.

Please attach additional sheets if necessary.

**Nominated by:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street city/town postal code

Phone: (w) \_\_\_\_\_ (h) \_\_\_\_\_ Fax: \_\_\_\_\_

Relationship to nominee: \_\_\_\_\_ Date: \_\_\_\_\_

Nomination Forms can mailed to MHSAA, 145 Pacific Avenue, Winnipeg, MB R3B 2Z6

**NOMINATION DEADLINE:**

All nomination forms should be received by the MHSAA office on or before **Wednesday, April 6, 2011.**  
**Please send two (2) copies of this application plus original and all supporting documents.**