UTS Hockey Club Scholarship Application Form

Name _____ _____
(first) (last)

Sex ○ Female ○ Male

Date of birth _____ - _____ - _____ (day-month-year)

Postal Address _____

_____ **Postcode** _____

Phone No.s Home
Work
Mobile

E-mail(s)

Student Status ○ Current UTS student ○ Full time student at TAFE / another uni
○ UTS graduate ○ High school student
○ Other / None of the above

Current Rep Teams

_____
_____
_____
_____

Rep Team History

_____
_____
_____
_____
_____

By signing this form, I agree that, should I be successful in my application for a UTS Hockey Club Scholarship, I shall commit to playing the entire current winter hockey competition, as well as the immediate following winter competition, with UTS Hockey Club. If I elect to leave UTS Hockey Club during the current or immediate following season, to play for another Hockey Club that competes in the same winter competition as UTS Hockey Club, I will agree to repay the full scholarship amount awarded to me, before being eligible to receive a clearance from UTS Hockey Club.

_____ _____
Signature Date

Please hand completed form to Club President, Paul Economides, or fax to 02-8966-8811.