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## TRUDY GALLOWAY MEMORIAL BURSARY APPLICATION

Ryan Galloway provides the bursary in honour of his mother, Trudy Galloway. Ryan is a Manitoban who has worked as an official in the MMJHL, MJHL and the WHL. Ryan has officiated in the professional ranks of both the IHL and AHL, and currently works as a linesman for the NHL, having amassed over 1,000 games to date. Ryan's ongoing contributions to Hockey Manitoba's officiating program are a testament to his integrity, character and professionalism.

This bursary assists a young official who aspires to a post-secondary education in Canada. In order to qualify for the bursary, the candidate must have officiated in Manitoba during the past season and have secured a letter of recommendation from both their High School Principal and Referee-in-Chief.

### ELIGIBILITY

The Trudy Galloway Memorial Bursary (\$750) is awarded annually to a Hockey Manitoba official in good standing who:

- Is graduating high school and is proceeding to College or University within Canada
- Has maintained a minimum 80% average in high school
- Is involved in their community and held in high regard by their peers, teachers, Referee-in-Chiefs and community leaders
- Has full intentions to continue as an active official, working to better the program both on and off the ice

### HOW TO APPLY

Student athletes must complete an application form which is available online or from the Hockey Manitoba office. Forms must be received by **April 1<sup>st</sup>, 2021**.

The application must include:

- Letter of support from the School Principal or teacher
- Letter of support from area Referee-in-Chief
- A transcript or report with school grades from grades eleven and twelve
- A one-page essay on what you would do to better the officiating program within your area
- A list of extracurricular activities

Scholarships are to be awarded annually in early May, and each recipient will be recognized at their respective school's award ceremony.

### SELECTION

Ryan Galloway will review all submitted applications and select the recipient annually.

## SUCCESSFUL CANDIDATES

The successful candidate will be mailed their appropriate cheque to the address provided on the application form submitted. Each candidate must verify entrance into a Post-Secondary Institution, including verification of tuition payment prior to receiving the appropriate scholarship.

### RETURN COMPLETED\* SCHOLARSHIP APPLICATION TO:

Hockey Manitoba  
Attn: Awards & Scholarships Committee  
145 Pacific Avenue  
Winnipeg, MB R3B 2Z6

Or

[afergusson@hockeymanitoba.ca](mailto:afergusson@hockeymanitoba.ca)

**DEADLINE APRIL 1, 2021**

\*Applications will only be accepted if ALL required documents are included within the same submission.



## TRUDY GALLOWAY MEMORIAL BURSARY APPLICATION

1. NAME (Last, First) \_\_\_\_\_ , \_\_\_\_\_
2. HOME ADDRESS (FULL mailing address) \_\_\_\_\_
3. EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_
4. AREA AND LEVEL OF HOCKEY OFFICIATED THIS PAST SEASON:  
\_\_\_\_\_

### EDUCATIONAL DATA

1. SECONDARY SCHOOL ATTENDED - GRADE 12 (GRADUATION)  
SCHOOL: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PRINCIPAL: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_
2. HIGH SCHOOL GRADE AVERAGES: SENIOR 1: \_\_\_\_\_ SENIOR 3: \_\_\_\_\_  
SENIOR 2: \_\_\_\_\_ SENIOR 4: \_\_\_\_\_ (To date)  
**\* THE ABOVE SECTION MUST BE COMPLETED IN ADDITION TO ATTACHED TRANSCRIPT\***
3. UNIVERSITY/COLLEGE APPLIED TO: \_\_\_\_\_
4. ACADEMIC STREAM AND MAJOR AREA OF STUDY: \_\_\_\_\_
5. PLEASE INCLUDE A ONE PAGE ESSAY THAT OUTLINE WHAT YOU WOULD LIKE TO DO TO BETTER THE OFFICIATING PROGRAM IN YOUR AREA AS WELL AS A LIST OF EXTRACURRICULAR ACTIVITIES.

### APPLICATION CHECKLIST

- COMPLETED APPLICATION FORM
- LETTER FROM COACH AND/OR MHA PRESIDENT
- LETTER FROM PRINCIPAL AND/OR SCHOOL ADMINISTRATOR
- TRANSCRIPT
- ESSAY
- LIST OF EXTRACURRICULAR ACTIVITIES

### DECLARATION

I DECLARE THAT ALL INFORMATION PROVIDED IS COMPLETE AND TRUE IN EVERY RESPECT AND THAT I SHALL BE ENROLLED AS A FULL-TIME STUDENT AT A CANADIAN UNIVERSITY OR COLLEGE IN THE UPCOMING ACADEMIC YEAR.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

