ESSAY CONTINUED

TIM BRESLIN MEMORIAL SCHOLARSHIP

PRESENTED BY THE CHICAGO WOLVES HOCKEY TEAM

The Chicago Wolves created the Tim Breslin Memorial Scholarship, which provides a $7,500 stipend toward college tuition, in loving memory of former player Tim Breslin.

The scholarship will be awarded primarily on the essay.

• HOW TO ENTER

Fill out the official application and complete an essay (500 words or less) on the subject detailed in this entry form. The essay may be handwritten or typed and submitted with the application.

• ELIGIBILITY

The scholarship is open to junior high and high school students attending school in Illinois. All applicants must be U.S. citizens or have a valid social security number.

• DEADLINE

All entries must be postmarked no later than Friday, March 2, 2018.

• ANNOUNCEMENT OF THE WINNER

The winner will be recognized prior to the Chicago Wolves game on April 7, 2018. All applicants will be updated on their status via email prior to this date.

• FURTHER INFORMATION

Please contact the Chicago Wolves Community Relations Department at (847) 832-1953 or write to:

Tim Breslin Memorial Scholarship
Chicago Wolves
2301 Ravine Way
Glenview, IL 60025

FULL NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ E-MAIL _____

DATE OF BIRTH _____ AGE _____ SEX _____ GRADE LEVEL _____

SCHOOL ATTENDING _____ GPA _____

HONORS AND AWARDS (LIST NATURE OF AWARD AND YEAR RECEIVED)

_____

_____

_____

_____

COMMUNITY OR VOLUNTEER WORK
(LIST NATURE OF WORK AND YEARS COMPLETED)

_____

_____

_____

_____

EXTRACURRICULAR ACTIVITIES

_____

_____

_____

_____

COLLEGES APPLIED TO (IF ANY)

_____

_____

OTHER SCHOLARSHIPS APPLIED FOR (IF ANY)

_____

_____

I HAVE CHECKED THE ANSWERS OF THIS APPLICATION AND CERTIFY THAT THEY ARE ACCURATE.

_____

SIGNATURE OF SCHOOL FACULTY ADVISOR/COUNSELOR DATE

I CERTIFY THAT ALL INFORMATION PROVIDED IS ACCURATE.

_____

SIGNATURE OF STUDENT DATE

PLEASE RETURN THIS APPLICATION AND YOUR ESSAY TO:

TIM BRESLIN MEMORIAL SCHOLARSHIP
CHICAGO WOLVES, 2301 RAVINE WAY, GLENVIEW, IL, 60025 FAX: (847) 724-1652

ESSAY (500 WORDS OR LESS) MAY BE TYPED AND SUBMITTED WITH APPLICATION

PLEASE DESCRIBE A HARDSHIP THAT YOU HAVE OVERCOME AND HOW THIS AFFECTED YOUR LIFE.

(IF NECESSARY, CONTINUE ON THE OPPOSITE SIDE)