## 2024 WILLIAM CHASE MEMORIAL SCHOLARSHIP APPLICATION

Name:		
Address:		
City:	State:	Zip:
Email address:	····	
Parent(s) Name(s):		
High School attended:	Year Graduated_	
College/University enrolled in the Fall 2024:	<b></b>	
Major/Minor:		
Rink industry work history:		
<b>NEISMA Member Affiliation (dues paid 2023</b>	3 <b>- 2024)</b> :	
Facility/Company Name:		
Manager/Owner Name:		
ESSAY (Please include one page, single space	ced.)	
Please explain how your personal history (se	chool, extracurricular	activities, jobs, hobbies,
involvements, etc.) has shaped your future p	plans in your pursuit o	of a college education and possib
career.		
ELIGIBILITY		
The 2024 William Chase Scholarship is oper	n to employees and ch	nildren of employees of current
NEISMA members (rinks and vendors alike).	. Student applicants s	hall have worked a minimum of
two (2) seasons in a NEISMA member organ	ization, or the studen	t's parent shall have worked a
minimum of five (5) years in a NEISMA mem	nber facility or compa	ny. Students shall be high school
graduates and be enrolled into an accredite	ed college or universit	y in the Fall of 2024.
A complete application shall consist of the fol	llowing:	
The above application filled out will all	necessary information	completed.
A letter of recommendation from a NEI	SMA member (facility	or business owner/manager, etc
please no relatives).		
Your most recent high school transcript	<b>:.</b>	
A one (1) page, single spaced essay on tl	he abovementioned to	pic.
APPLICATIONS SHALL BE POSTMARKED NO L	ATER THAN MARCH 30	), 2024.
Applicants will be notified in April. Scholarshi	ips will be awarded at	our annual Spring Conference.
Send to: NEISMA, P.O. Box 290595, Wethersfie	eld, CT 06129.	