## **2025 WILLIAM CHASE MEMORIAL SCHOLARSHIP APPLICATION**

Name:	Address:	
City:	State: Zip:	
Email address:		
Parent(s) Name(s):		
High School attended:		-
College/University enrolled in the Fall 2	025:	_
Major/Minor:		Rink industry
work history:	NEISMA Member Affiliation (dues	
paid for 2024 – 2025):		
Facility/Company Name:		
Manager/Owner Name:		
ESSAY (Please include one page, single s	paced.)	
Please explain how your personal histor	y (school, extracurricular activitie	s, jobs, hobbies, involvements, etc.)

has shaped your future plans in your pursuit of a college education and possible career.

## ELIGIBILITY

The 2025 William Chase Scholarship is open to employees and children of employees of current NEISMA members (rinks and vendors alike). Student applicants shall have worked a minimum of two (2) seasons in a NEISMA member organization, or the student's parent shall have worked a minimum of five (5) years in a NEISMA member facility or company. Students shall be high school graduates and be enrolled into an accredited college or university in the Fall of 2025.

A complete application shall consist of the following:

\_\_\_\_\_ The above application filled out will all necessary information completed. \_\_\_\_\_ A letter of recommendation from a NEISMA member (facility or business owner/manager, etc. - please no relatives).

\_\_\_\_\_Your most recent high school transcript.

\_\_\_\_\_ A one (1) page, single spaced essay on the abovementioned topic.

APPLICATIONS SHALL BE POSTMARKED NO LATER THAN MARCH 31, 2025.

Applicants will be notified in April. Scholarships will be awarded at our annual Spring Conference. Send to: NEISMA, P.O. Box 290595, Wethersfield, CT 06129.