



Scholarship Application Form

Name: _____

Home Address: _____

Phone Number: _____

Email address: _____

Expected Date of Graduation _____

I certify that all information provided on the application form and all accompanying documents are accurate and complete to the best of my knowledge. I understand that provision of false information will render me ineligible.

Signature of applicant: _____

Date: _____

Completed applications may be submitted, by mail or online, to:

Sharon Hollinger
21 Duke St.
Elmira, ON
N3B 2W6

snhollinger@rogers.com