APPLICATION FORM – JOYCE ANDERSON MEMORIAL SCHOLARSHIP

$500.00 FOR STUDENTS ENROLLED IN THE SECOND OR THIRD YEAR OF ANY SECONDARY COURSE OF 2 YEARS OR MORE IN LENGTH. YOU MUST RESIDE IN LAMBTON COUNTY.

NAME: _____
GIVEN NAME SURNAME

ADDRESS _____TOWN/CITY_____POSTAL CODE _____

TELEPHONE: _____BIRTH DATE:_____/_____/_____
DAY MONTH YEAR

COUNTY OF RESIDENCE: _____FARM REGISTRATION # _____

PARENTS OR GUARDIAN'S NAME _____

30% ACADEMIC

SCHOLASTIC ACHIEVEMENT COMPLETION OF YEAR 1 AT COLLEGE OR UNIVERSITY

_____

_____

30% COMMUNITY AND SCHOOL ACTIVITIES - CHURCH, 4-H, JR. FARMERS, SPORTS, OUTLINE YOUR INVOLVEMENT IN RURAL YOUTH/ORGANIZATIONS IN THE COMMUNITY.

_____

_____

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_____

Continue on the back of page

LIST HOBBIES OR SPECIAL TALENTS:

40% DESCRIBE HOW A RURAL ORGANIZATION YOU HAVE BEEN INVOLVED WITH HAS BENEFITED YOUR COMMUNITY.

NAME OF COLLEGE OR UNIVERSITY _____

NAME OF COURSE _____

Enclosed a copy of proof of enrolment.

_____
Signature of Applicant

BY: October 31st annually

Mail to:

L.F.A. Secretary
c/o Brenda Miner,
R R 8
Watford, ON,
N0M 2S0

Phone #519-828-5028
Fax # 519-828-3586

Revised 11/09/00 – Anderson
Revised 2004-07-18