

LIST PARTICIPATION IN COLLEGE OR UNIVERSITY EXTRA CURRICULAR PROGRAM

LIST HOBBIES OR SPECIAL TALENTS:

20% FINANCIAL NEED

NAME OF COLLEGE OR UNIVERSITY _____

NAME OF COURSE _____

ENCLOSED A COPY OF PROOF OF ENROLMENT.

Signature of Applicant

BY: October 31st annually

Mail to:

Brenda Miner
LFA Secretary
8378 Brickyard Line
R. R. #8
Watford, Ontario, N0M 2S0

Fax: 519-828-3586

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