

APPLICATION FORM – LOIS WAKEFIELD 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

LIST HOBBIES OR SPECIAL TALENTS:

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