

JOANNE GRIFFIN MEMORIAL SCHOLARSHIP APPLICATION

NAME: _____

ADULT _____ **or** **YOUTH** _____ (please state age)

ADDRESS: _____

CITY: _____ **PROV.:** _____

POSTAL CODE: _____

TELEPHONE: _____

E-MAIL: _____

PARENT/GUARDIAN'S NAME (if applicant is under 18):

DATE: _____

SIGNATURE (of Parent/Guardian if under 18 yrs.)

Please return this form to: sharonjohnston567@gmail.com by June 1, 2019.