

STRATFORD ROTARY HOCKEY
ERIC McLEOD MEMORIAL BURSARY APPLICATION FORM



Please Print or Type:

A. PERSONAL INFORMATION

Name (in full): _____

Mailing Address: _____

Telephone: _____

Secondary School Attended: _____

Graduation Date: _____

Current Team: _____

PLEASE READ CAREFULLY

The information provided in this application is correct to the best of my knowledge. I understand that any misrepresentation may disqualify me from the Bursary.

Applicant Signature: _____ Date: _____

B. POST GRADUATION PLANS - What are your plans?

Please tell us about your plans. Are you attending college/university, joining the work force?

C. EXTRA INFORMATION

Please submit a letter about yourself, including interests, academic and community involvement, extra-curricular activities. Use the back or attach a separate letter.

ALL INFORMATION WILL REMAIN CONFIDENTIAL