

CHARLES H. MEMORIAL SCHOLARSHIP
Bursary Application

PLAYER'S FULL NAME _____

SCHOOL: _____

GRADE _____ (must graduate this year) TEAM: _____

NUMBER OF YEARS AS A PLAYER WITHIN LMHA: _____

BASIC INFORMATION

FATHER'S NAME _____

OCCUPATION _____

MOTHER'S NAME _____

OCCUPATION _____

PLEASE LIST VOLUNTEERING AND CONTRIBUTION WITHIN
LMHA*: _____

PLEASE LIST VOLUNTEERING ACTIVITIES WITHIN THE COMMUNITY*:

PLEASE INDICATE WHY YOU FEEL THIS CANDIDATE IS WORTHY OF
NOMINATION (up to three (3) recommendations from teachers/coaches/leaders within
our community)

**please feel free to include more information on a separate sheet of paper if necessary*

