



ONTARIO MOOSE ASSOCIATION SCHOLARSHIP APPLICATION



PLEASE PRINT OR TYPE ALL INFORMATION

APPLICANT'S NAME: _____

DATE OF BIRTH: ____/____/____

ADDRESS: _____ CITY: _____

POSTAL CODE: _____ PHONE: (____) _____

SIGNATURE: _____ DATE: ____/____/____

SCHOOL NOW ATTENDING: _____

SCHOOL ADDRESS: _____

GRADE: _____ AVERAGE IN %: _____

SCHOOL YOU WILL ATTEND IN SEPTEMBER: _____

SCHOOL ADDRESS: _____

IS APPLICANT ASSOCIATED WITH MOOSE LODGE? YES _____ NO _____

IF YES, MEMBERS NAME: _____

LODGE NAME: _____ LODGE #: _____

ADDRESS: _____

RESUME: Please attach any further information pages to this form.

MAIL TO: ONTARIO MOOSE SCHOLARSHIPS
ATT: DON FOLEY, SECRETARY
101 RANSTONE GARDENS
SCARBOROUGH, ONTARIO
M1K 2T9



****ALL APPLICATIONS MUST BE RECEIVED BY Feb. 28th OF YEAR TO BE CONSIDERED IN, AND FOLLOWED UP WITH VERIFICATION OF ENROLLMENT.**

ALL CHEQUES ARE MADE PAYABLE TO INSTITUTION UNDER YOUR NAME