



Lambton County Tenpin Association

Request For Youth Scholarship Funds

Name: _____
(Please Print)

CTF ID #: _____

Address: _____
Street, City, Province Postal Code

Phone: _____ E-mail: _____

Requesting \$ _____ from the Youth Tournament Scholarship Fund

Requesting \$ _____ from the Youth Yearly Scholarship Fund

SCHOLARSHIP REQUEST TO:

Reimburse me for \$ _____ Student Number: _____
(example: tuition, books, etc.)
(Must include receipt(s) of payment(s) made)

Send cheque to the Institution:
(Check with the institution to see **if and when** they will accept funds for you ! !)

Name of Institution: _____

Attention: _____
(find the exact department name to receive the cheque)

Address: _____

City: _____ Postal Code: _____

Youth Signature: _____ Date: _____

Mail to: Lambton County Tenpin Association OR E-mail to: lctamanager@gmail.com
c/o Shirley Matthews
Box 148, 1964 Thelma Avenue
Brights Grove, Ontario

Phone: 519-869-4073

****Only complete one form for the total amount requested****