

Canadian Tenpin Federation, Inc. Fédération Canadienne Des Dix-Quiles, Inc.



REQUEST FOR SCHOLARSHIP FUNDS

Name:		CTF ID #:	
Address:		City, Prov	Postal Code
		Cuy, 110v	I ostat Code
Phone:			SAFE Use Only
Amount of s	cholarship funds requested: **\$		
Scholarship	request for:	_	
☐ Reimbui	rse me for \$		
	(example: tuition, books, etc.) (Must include a receipt showing	<u> </u>	
		_	
	eck to the institution:		
(Check wi	th the institution and see <u>if and when</u> they wi	ll accept funds for you!!)	
Address:	(find out the exact departmen	t to send the cheque to)	
(Signature of person requesting the funds)		(Date)	
(Print name)			
Mail to:	Canadian Tenpin Federation Attn: SAFE Program 6619 193 Street, Surrey, BC V4N 0C1	or email to: ctf@tenpincanada.com	
Email reque	sts must contain all of the above inforr	nation. E-mail request to ctf	@tenpincanada.com.
**Only fill or	ut one form for the amount you are reaue	sting not one form for each se	holarshin letter you receive