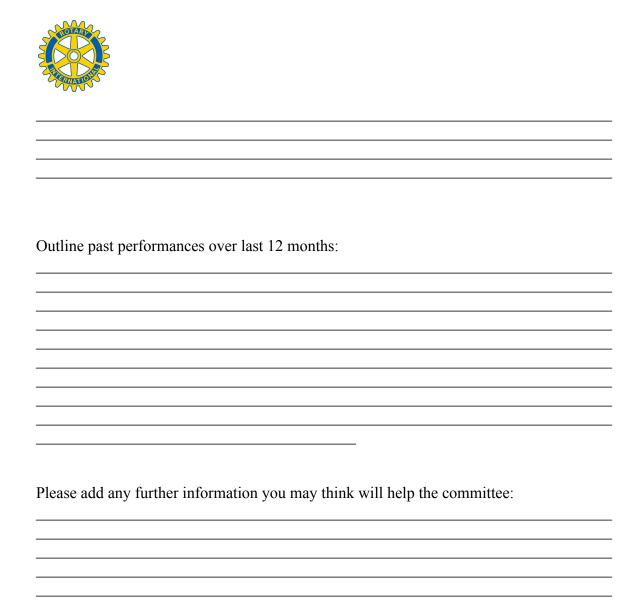


THE ROTARY CLUB OF BURLINGTON LAKESHORE

Athletic Assistance Program Application

Name:		
Surname	First name	Initial
Age:		
Address (incl. phone #):		
Parents (Guardian):		
Address (if different):		
Applicant's Sport:		
Name & Address of organiza applicant competes:	ation, federation, association,	etc. under whose auspices

Coach's name & address (incl. phone #):



Note: Letters of reference, coaches, reports, newspaper clippings, etc. can be attached to the application. Return the completed application to: rotaryathleticawards@gmail.com

The information on this form is requested by the Rotary Club of Burlington Lakeshore for the sole purpose of assisting the selection committee in the awarding of athletic scholarships. Please note that only those candidates selected for consideration will be contacted. Thank you for your interest.