



Derek Audfroid

DEREK AUDFROID MEMORIAL  
AWARD

Derek Audfroid Memorial Scholarship  
Dalhousie Regional High School  
Dalhousie, New Brunswick  
Canada  
EOK 1B0

Scholarship Application Form

DATE: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

UNIVERSITY YOU PLAN TO ATTEND: \_\_\_\_\_  
\_\_\_\_\_

COURSE YOU INTEND TO FOLLOW: \_\_\_\_\_

NAME OF VOCATIONAL SCHOOL OR OTHER LEARNING INSTITUTION YOU  
PLAN TO ATTEND: \_\_\_\_\_

COURSE YOU INTEND TO FOLLOW: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

TEL: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

TEL: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NUMBER OF DEPENDENTS IN FAMILY: \_\_\_\_\_

Briefly list any sporting or athletic activities you have participated in during your high school years.

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List community / school groups in which you have been an active participant.

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Please give any further information which you feel may assist Trustees in considering your application ( need, etc.)

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*Deadline: May 31*