



RON PFAU MEMORIAL SCHOLARSHIP
Application

Name: _____

Address: _____

Town/City: _____

Postal Code: _____ Phone: _____

Social Insurance Number: _____

Last Grade Completed: _____ Year: _____

Last School Attended: _____

Other Schools Attended:

Name: _____ Year: _____

Name: _____ Year: _____

Name: _____ Year: _____

Name: _____ Year: _____

Post-Secondary Institution:

Location: _____

Program of Studies: _____

Parent(s) Names: _____

- Note- some Browsers may not support online fillable forms; if you are experiencing difficulties, download and open using Adobe Reader

