

Bernice Harriet Osborne Memorial Scholarship – Application Form

Full Name _____

Date of Birth (M/D/Y) _____ Age as of June 30, 2017: _____ Male Female

Mailing Address _____

Email Address _____ Phone Number _____

1) Participation at V&DABA (*attach additional page if required*)

Year	Team Name	Coach

2) Name of High School Graduated & Year:

3) Example of your leadership qualities in athletics & school and overall community involvement (*attach additional page if required*)

4) Post-Secondary Program you are pursuing including cost and duration of your program. Please indicate any special circumstances where need exists (*attach additional page if required*).

