

**TO BE COMPLETED BY THE SPONSORING  
ASSOCIATION AND ATTACHED TO EACH  
APPLICATION FOR SCHOLARSHIP.**

Date: \_\_\_\_\_

Name, address, telephone number and e-mail address of APPLICANT:

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\_\_\_\_\_  
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Sponsoring association: Name, address, and telephone number of sponsoring association's Scholarship Chairman

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Name, address, and telephone numbers of sponsoring association's Governor

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SUBMITTED UNDER PLAN: \_\_\_\_\_

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**THIS FORM MUST BE ATTACHED TO EACH APPLICATION**