

**GUILD SCHOLARSHIP APPLICATION - PART 1**

**THIS IS A FILLABLE FORM**

Guild Name: \_\_\_\_\_

Contact Name and Position in Guild: \_\_\_\_\_

Contact 's Information:

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

By submitting this request your guild agrees to abide by all regulations governing this grant money.

Guild Signing Officer:

Guild Signing Officer:

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Guild Position)

\_\_\_\_\_  
(Guild Position)

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

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