

## Gloucester-Cumberland Ringette Association Scholarship Application Form

Personal Information	
Surname:	First Name:
Address:	
City:	Postal Code:
Email Address:	Telephone Number:
Are you currently a Gloucester-C	Cumberland resident? Yes No
Did you play ringette for a Glouc least four out of the last five yea	ester or Cumberland and/or GCRA team in at rs? Yes No
Academic Information	
year.	enrolled as of June 1st of the current academic
Address:	
City:	Postal Code:
,	titution you are planning to attend in the fall
	Postal Code:
Program you are expecting to er	nroll in

## **Supporting Documents**

Please complete the scholarship check list.