

John Beacroft Memorial Scholarship/Grant



I wish to apply for a John Beacroft Memorial Scholarship/Grant.

Name: _____

Membership number: _____

Place of work: _____

Contact number: _____

Email (personal preferred): _____

Applicant of grant: _____

Event or application of grant: _____

Conditions attached: (Please attached copy of event application or proof of sporting activity.)

Further supporting documentation can also be included.

Signed: _____
(member)

Date: _____