



Brian Lee Memorial Scholarship Application

Application

Applicant Information

Full Name: _____ DOB: _____
Last First

Address: _____
Street Address Apartment/Unit #

City Prov Postal Code

Phone: _____ Email _____

Are you a CJLA member? YES NO

If yes,
membership
number: _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO

College: _____ Address: _____

Program: _____ Major: _____

From: _____ To: _____ Current
Year of
study : _____

References

Please list two professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Employment

Company: _____

Address: _____

Job Title & Responsibilities: _____

From: _____ To: _____

Company: _____

Address: _____

Job Title & Responsibilities: _____

From: _____ To: _____

Bio

Please write a one paragraph bio about yourself and your chosen education path.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____