

APPLICATION FOR KIT RICHARDSON MEMORIAL FUND

Name: _____

Present Address:

Phone Number: _____

Alternate #: _____

Marital Status: _____

If married, is spouse working? _____

Are you a member of Harrow United Church? _____

University or College attending: _____

Address of school: _____

Year of program: (check appropriate one)

2nd _____ 3rd _____ Graduate _____

Outline briefly your plans after graduation as you perceive them now:

Any other information which would be helpful to the Committee:

