



TIMBERKIDS SCHOLARSHIP FUND APPLICATION FORM

FIRST NAME: _____

LAST NAME: _____

DATE OF BIRTH: (month/day/year) _____

TIMBER MART STORE: _____

RELATIONSHIP TO OWNER: _____

POST-SECONDARY SCHOOL: _____

STUDENT NUMBER: _____

PROGRAM: _____

ADDRESS 1: _____

ADDRESS 2: _____

CITY: _____

PROVINCE: _____

POSTAL CODE: _____

PHONE 1: _____

PHONE 2: _____

In addition to filling out the information above, please provide your essay and a completed Financial Needs Assessment Form as per the application instructions on our website in order to be eligible.

SIGNATURE: _____

DATE: _____