

Bryan Scallion Memorial Fund in support of Nova Scotia Amateur Sports

First Name: _____ Last Name: _____

Address: _____ City: _____

Province: _____ Postal Code: _____ Email: _____ Phone: _____

Amount of money requested: _____

Please describe how you would use these funds:

Tell us about your athletic goals:

Also include

- Results from past two years
- Letter of support from coach or club president (if there is no coach)