

**VICTOR DAVIS MEMORIAL FUND AWARD
APPLICATION FORM**

SWIMMER'S NAME: _____

ADDRESS: _____

POSTAL CODE: _____

TEL: _____

FAX: _____

E-MAIL: _____

DATE OF BIRTH: _____

DAY/MONTH/YEAR

SWIMMING DATA

CLUB: _____ PERSONAL COACH: _____

ENTER UP TO 5 PERSONAL BEST TIMES (PLEASE PRINT CLEARLY & ACCURATELY)

EVENT	TIME	SC/LC	MEET	DATE

EDUCATIONAL & FINANCIAL DATA

HIGH SCHOOL _____ COLLEGE _____ UNIVERSITY _____ OTHER _____ (Place an X beside one)

YEAR COMPLETED _____

WILL YOU BE LIVING AT HOME _____ OR AWAY _____ THIS WINTER SEASON?

ARE YOU RECEIVING FEDERAL _____ OR PROVINCIAL CARDING _____? HOW MUCH \$ _____

PLEASE DESCRIBE YOUR FINANCIAL NEED.
