



NORTHERN GATEWAY REGIONAL DIVISION NO. 10

REQUEST FOR SCHOLARSHIP PAYMENT

Name of Scholarship _____

Scholarship Amount _____

School _____

Student Name _____

Address _____

Social Insurance Number _____

Date Cheque Needed By _____

Principal's Signature _____

Superintendent/Designate Signature _____

NB: If any information on this form is missing it will be sent back
Please allow 2 weeks processing time

For Office Use Only

Copy for Accounting/Payroll