

IN MEMORY OF RON ELLIOTT
AMHERST MINOR BASKETBALL ASSOCIATION STUDENT SCHOLARSHIP

Name of Applicant: _____ S.I.N.#: _____

Complete
Address: _____

Telephone Number: _____ Date of Birth: _____

Academic Performance: Please attach a copy of transcript showing Grade 10 and 11 Final Marks and the First Term Marks for Grade 12.

Basketball Background: Please list below your basketball background including years involved and teams played with:

Before High School:

High School Background: Please list below your seasons involved with the A.M.B.A.

Special Achievements or Awards: Please list up to three awards gained while playing, coaching or refereeing.

Future Educational Plans: Please state briefly what your future academic educational plans are.

Please return completed application form to the Main Office of Amherst Regional High School by
May 2nd, 2016

