



MARLENE STREIT AWARD FUND – 2018 GRANT APPLICATION FORM

APPLICANT'S NAME _____

BIRTH DATE: _____
Day Month Year

ADDRESS _____

TEL: () _____

CITY/PROV. _____

FAX: () _____

POSTAL CODE _____

E-MAIL: _____

CURRENT HANDICAP FACTOR _____

GR.12 Graduation Date: _____

HOME CLUB _____

COACH NAME _____

COMPETITIVE RECORD – 2017/2018

EVENT & DATE *	SCORE(S)	COURSE RATING	SIZE OF FIELD	RANK
e.g. 2017 Canadian Jr Girls Championship	79 76 77 75	74.5	103	11th

* Include Match Play events, if any. It is important to include all results from both junior and amateur National Championships, Provincials, any events played outside of Canada and your province. Attach a separate sheet if you need additional space.

Please write a paragraph(s) on why you would like to be chosen for a Marlene Streit Award. (If necessary, continue on back of form, or provide answer on separate sheet)

