

# SCHOLARSHIP PROFORMA INVOICE

Round: (office use only)

N117



Scholarship applicant's name: \_\_\_\_\_

Nominator's name: \_\_\_\_\_

Name of nominating school/organisation: \_\_\_\_\_

\_\_\_\_\_

Nominating school/organisation's Business Manager's name: \_\_\_\_\_

\_\_\_\_\_

Total amount applied for: \_\_\_\_\_

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(This section is for Western Chances office use only)

## PROGRAM SUBCOMMITTEE RECOMMENDATION

Recommended amount awarded: \_\_\_\_\_

Items awarded: \_\_\_\_\_

\_\_\_\_\_

### Subcommittee Member/s

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Western Chances Program Manager

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_