

SCHOLARSHIP PROFORMA INVOICE

Round: (office use only)

N118



Scholarship applicant's name: _____

Nominator's name: _____

Name of nominating school/organisation: _____

Nominating school/organisation's Business Manager's name: _____

Total amount applied for: _____

(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: _____