



SCHOLARSHIP CLAIM FORM

(PLEASE USE THE FILLABLE FORM/NOT HANDWRITTEN)

LAST NAME _____ FIRST NAME _____

ADDRESS _____ CITY _____

POSTAL CODE _____ PHONE _____

EMAIL _____ SOCIAL INSURANCE NUMBER _____

POST SECONDARY INSTITUTION _____

PROGRAM _____

HIGH SCHOOL YOU GRADUATED FROM _____ GRAD YEAR _____

CLAIM SUBMISSION DATE _____

Donor thank you letter: I have submitted a copy of my thank you letter to my school scholarship counsellor.

SCHOLARSHIP CLAIMS

Scholarship No.	Scholarship Name	Amount	Trust Code
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
_____	_____	\$ _____	_____
TOTAL AMOUNT CLAIMED		\$ _____	

Please email your completed scholarship claim form and proof of enrollment to:
info@lsdf.org

***** BELOW IS FOR FOUNDATION USE ONLY *****

APPROVED TO PAY _____ CLAIM DATE _____

Student has submitted proof of enrollment.