

**APPLICATION & NOMINATION FORM**

*Sheldon Berrol Survivor's Scholarship*

**Applicant or Nominee:** (surname) \_\_\_\_\_

(given names) \_\_\_\_\_

(address) \_\_\_\_\_

\_\_\_\_\_

(phone) \_\_\_\_\_ (fax) \_\_\_\_\_ (email) \_\_\_\_\_

**Person Nominating (if applicable)** (name) \_\_\_\_\_

(address) \_\_\_\_\_

(phone) \_\_\_\_\_ (fax) \_\_\_\_\_ (email) \_\_\_\_\_

(relationship to nominee) \_\_\_\_\_

\_\_\_\_\_

**Educational Institution & Program Information:** (Name of institution) \_\_\_\_\_

\_\_\_\_\_

(address) \_\_\_\_\_

\_\_\_\_\_

(phone) \_\_\_\_\_ (web site) \_\_\_\_\_

(program of study) \_\_\_\_\_

**Additional Information:** (e.g., recovery from brain injury, past educational achievements, goals for future, financial need)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please attach pages if insufficient space.**

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

**NB. Nominators, please ensure proper authority or release of information authorisation before submitting information about a nominee.**

**Sheldon Berrol Memorial Education Fund**  
c/o Geoffrey Sing  
Macdonald House  
1251 Santa Rosa Ave.  
Victoria BC V8Z 2V5  
Telephone: 250-479-5299  
Email: [gsing@cridge.org](mailto:gsing@cridge.org)