



CERTIFICATION OF PROVINCIAL SPORT ORGANIZATION

**TO: Scholarship Committee
Sport Newfoundland & Labrador
P.O. Box 8700
St. John's, NF
A1B 4J6**

FROM:

(Provincial Sport Organization)

I certify that

is an active participant in

(Applicant's Name)

the sport of

, and I support his/her application for a Sport

Newfoundland & Labrador Scholarship / Bursary. In doing so, I fully understand that there are only a limited number of such scholarship / bursaries available from Sport Newfoundland & Labrador's Scholarship Trust Fund (which is administered by a Board of Trustees) and that the decision on such scholarship / bursaries rests solely with Sport Newfoundland & Labrador's Scholarship Committee.

Mailing Address of Provincial Sport Organization Delegate

City/Town

Province

Postal Code

Phone

Email

Position within Organization

Date

Signature of Provincial Sport Organization Delegate

****If you feel that additional information is necessary, feel free to use the space below**

Use this space for additional information