



Memorial Form

In a time of loss we extend our sympathy and would like to make a contribution of \$50 to an existing scholarship fund, of the family's choice, at a Northwest School Division school. This donation will be made in the name of the deceased.

Date: _____

Name of Deceased to be honored: _____

Name of Scholarship Fund: _____

School Where Scholarship is offered: _____

Name and Address of next of kin to whom certificate is to be sent:

Principal/Supervisor Signature

Please return form to: Northwest School Division
Human Resources – Meadow Lake
hr@nwsd.ca or fax: 306-236-5586