



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
School/Office/Shop

Please return form to: Northwest School Division
Human Resources
Meadow Lake Division Office hr@nwsd.ca or (f) 236-5586