



St. John Ambulance

# Marc Dexter Memorial Scholarship

Please attach this **cover page** to the front your application.

Name: \_\_\_\_\_

Email address: \_\_\_\_\_

Full Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

SJA Volunteer Area: \_\_\_\_\_

College/University applied to/enrolled in: \_\_\_\_\_

Program: \_\_\_\_\_

***Please note that the scholarship is conditional upon receiving a copy of university acceptance or documentation of enrolment.***