

John Cannon Memorial Fund Grant Application Form

Please forward your application directly to:

John Cannon Memorial Grant c/o Peter and Jane Cannon, 2472 Sunnyside View, Abbotsford, BC, V2T4K7

Or email your application to: pcannon@telus.net

Last Name:	First Name:	Initial or Middle Name:
Date of Birth (yyyy-MM-dd):		
Current Address:	City/Town:	
Province/Territory:	Postal Code:	
Telephone Number:	Email Address:	

Current Rugby Team/Club:	From (yyyy-MM-dd):	To (yyyy-MM-dd)
Previous Rugby Team/Club (if applicable):	From (yyyy-MM-dd):	To (yyyy-MM-dd)
Previous Rugby Team/Club (if applicable):	From (yyyy-MM-dd):	To (yyyy-MM-dd)
Representative Teams (if applicable - include year):		
Rugby Goals:		

References (The individuals listed should each provide a letter of reference)

1. Name:	Telephone:
2. Name:	Telephone:

I certify that the above information is accurate and understand that any false or incomplete information may invalidate my candidacy.

I accept that final grant decisions are made by the John Cannon Memorial Fund (through the Canadian Rugby Foundation) and agree to the public release of my name and photo should I be awarded the grant.

Signature of Applicant

Date (yyyy-MM-dd)