

The Sam Elkins Memorial Fund Scholarship Application

501c FEIN 45-4153612
c/o Nikki Elkins
(503)577-9906 -- nikkielkins@comcast.net

Name of Applicant: _____

Date of Birth: _____

Address of Applicant: _____

Parent's Name(s): _____

Phone Number: _____

Email Address: _____

Name of Sports Organization: _____

Address: _____

Fee Amount: _____

Due Date: _____

Camp or Season Dates: _____

Please attach a copy of Organization Flyer if available