



**DOK PROVINCE VIII**  
**SCHOLARSHIP REQUEST FORM TRIENNIAL 2024**

**NAME**

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**ADDRESS**

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**CITY,STATE,ZIP**

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**PHONE**

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**EMAIL**

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**DATE** \_\_\_\_\_ **Amount Requested** \_\_\_\_\_ **(up to \$250)**

**SIGNED**

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**Email completed form to Sandi, Province VIII Treasurer, slanzdok@gmail.com - call with questions 858 336 0345**

FOR OFFICE USE ONLY

DATE PAID \_\_\_\_\_

CHECK # \_\_\_\_\_