



# BERNICE ADAMS 2009 MEMORIAL SCHOLARSHIP

---

(Name of School)

Is pleased to recommend the following

Student for the Bernice Adams Memorial Scholarship:

---

(Name of Student)

---

(Address of Student)

---

(City)

(Postal Code)

\*

---

**(Date/Time of Upcoming Commencement)**

Principal's Name (Please Print): \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

PLEASE RETURN FORM TO:

Tamara Louks  
Cambridge Centre for the Arts  
60 Dickson Street  
Cambridge, ON N1R 8N1  
519.740.4681 ext. 4565 (phone)  
519.624.0379 (fax)  
**Deadline: June 19, 2009**