



BARBARA MCALLISTER MEMORIAL SCHOLARSHIP

SECRETARY NOMINATION FORM - _____
Year

**Scholarship nomination form to be completed by the
Secretary of the Branch Association.**

Name of Branch Plowmen's Association where plowed:

Class Entered: _____ Points Earned: _____

Contestant Nominated

Name: _____

Address: _____

City

Postal Code

Phone: _____ Email: _____

Date of Birth: _____

Branch Association Secretary _____ Date _____

*****Please complete and return no later than August 31st of the current year - _____,
Year
together with the application forms for the scholarship as filled out by the Contestant.**

Return copies to:

Ontario Plowmen's Association
188 Nicklin Road
Guelph, ON N1H 7L5
events@plowingmatch.org