

NMM Vikings Scholarship Request Form

Name _____

Address _____

Tel # _____

E-mail Address: _____

Child(ren) Name(s):

Scholarship requested:

a. Full _____

b. Half _____

c. Other amt (please specify amount)

Please fill out this form and mail or e-mail to:

Mailing Address:

Jan Orel

PO Box 560

Norfolk, Ma 02056

E-mail Addresses

Andy D'Angelo (President):

E-Mail: andydangelo1975@gmail.com

or

Jan Orel (Treasurer)

E-Mail: mom.twins@verizon.net

Phone 508-380-4730

If you have any questions please contact either Jan or Andy