SDP&DTC JUNIOR DART TOBIN JOHNSON MEMORIAL SCHOLARSHIP FORM

Applicant				
Date of Birth _				
Home Address	(Street)			
	(Street)	(City)	(State)	(Zip)
Parent(s) or Gu	ardian			
COMPLETE	THE FOLLOWI	NG LEAGUE ST.	ATUS:	
Operator preser	ntly throwing for _			
Application for	year of tourname	nt		
			(Date)	
Events planning	g on entering			
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Please respond	in the space provi	ded or on a separat	e page.	
		AND SCHOOL .d achievements ea		

ACADEMIC PLANS, HOPES, GOALS

Complete and return this form, together with a 250 - 500 word essay (or a short video) about what darts has meant and means to you; to your league coordinator before FRIDAY, JUNE 14th, 2024. Late applications may not be considered.

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COORDINATORS, please submit approved applications to:

Music Service, Tobin Johnson Memorial Scholarship, 1701 W. Legion Dr., Sioux Falls, SD 57104 Attn: Nate before June 21st, 2024.