

CALIFORNIA ARCHERY FOUNDATION  
APPLICATION FOR ARCHERY INSTRUCTOR  
SCHOLARSHIP ADULTS 18 OR OVER

Please print clearly

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

CBH/SAA sponsor (if not a member) \_\_\_\_\_

Sponsor Address \_\_\_\_\_

Sponsor Telephone \_\_\_\_\_

Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Instructor \_\_\_\_\_

Telephone of Instructor. \_\_\_\_\_

Cost of Tuition \_\_\_\_\_

Where will you teach Archery courses? \_\_\_\_\_

I hereby attest that the preceding information is correct.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Send your application to:

**California Archery Foundation**  
**12 Joan Drive American Canyon Ca.94503**

Sponsor must send a letter directly to the Foundation.

Letters must be received 2 months prior to class schedule to allow for processing.