SCHOLARSHIP APPLICATION FORM

PERSONAL DATA:

Applicable Scholarship: _____

Candidate's Name: _____

(First Names) (Last Name)

Mailing Address: _____

School: _____

Social Insurance Number: _____ PEN Number: _____

Name of Parent/Guardian: _____

Address (if different than above): _____

(City, Province) (Postal Code)

Mother's Place of Employment: _____

Father's Place of Employment: _____

Union/Club Affiliation of Parent: _____

POST-SECONDARY PLANS:

Career Plans for Next Year: _____

Name of Post-Secondary Institution: _____

Career Ambition: _____

Proposed Field of Study: _____

Other Plans: _____

_____

EXTRA-CURRICULAR ACTIVITIES:

Community: _____

_____

School: _____

_____

Offices Held: _____

_____

This is confidential information and will not be disclosed without permission from the applicant.

ADDITIONAL STUDENT INFORMATION:

Please outline your educational plans and provide any further information that might be useful to the Awards Committee, including your career goals. Emphasize special circumstances or qualifications not already noted on this form. A typewritten response is preferred. If space is insufficient, you may attach an additional sheet or include it in your letter of application.

The information I have provided in my application for this scholarship is true and complete.

_____ _____

Signature of Applicant Date