

## APPLICATION FOR SCHOLARSHIP

1. Name: \_\_\_\_\_ Soc In.No.: \_\_\_\_\_

2. Parent(s) Name(s):

\_\_\_\_\_

3. Present Address:

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_

Home Address (if different from above)

\_\_\_\_\_

Postal Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_

4. Educational History:

(a) Secondary School

Name and address of high school: \_\_\_\_\_

\_\_\_\_\_

(b) Achievement Record – Please attach a transcript or copy of your high school marks, certified by your Principal

(c) Proposed Studies

Institution: \_\_\_\_\_

Program: \_\_\_\_\_

Location: \_\_\_\_\_

Year of Program: \_\_\_\_\_

5. School Involvement (e.g. Students Union, extra-curricular, co-curricular, etc.) Please list and describe your extra-curricular activities, past and present (use back of page if needed)

Activity	Description
_____	_____
_____	_____
_____	_____
_____	_____

6. Comments or other information: (Information that you feel should be included to explain special circumstances or that would aid in the selection process)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. References:

(a) Principal: (name) \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. : \_\_\_\_\_

(b) Teacher: (name)

\_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

(c) Character or Work Reference: (name)

\_\_\_\_\_

Address: \_\_\_\_\_ Phone No.: \_\_\_\_\_

**Declaration:**

I hereby make application for a Fairview Health Complex Foundation Scholarship and I declare:

That I will enroll with the appropriate education institution.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date