

APPLICATION
Doreen Makarenko Memorial Scholarship

1. Name _____
2. Address _____

3. Telephone _____
4. Education history
- High school name _____
- Year of Graduation _____
- If applicable:
 Post-secondary Institution _____
- Program name _____
- Terms/Years completed _____
5. Proposed Studies
- Institution _____
- Program _____
- Year of program _____
6. Information included: _____ Transcript of marks
 _____ Letter of recommendation
 _____ Overview essay

DECLARATION

I hereby make application for the Doreen Makarenko Memorial Scholarship. I declare that the information that I have provided is true and accurate. I declare that I will enroll in and attend full time studies in the health care related program at the post-secondary institution named above or at an alternate approved education institution.

Signature of Applicant

Date

Payment of the scholarship will be made upon confirmation of attendance at the post-secondary institution.