

APPLICATION FORM 2017

To complete this application form, save it to a file and email it as an attachment to scholarship@cfuwbarrie.ca.

It must be accompanied by a transcript of your first semester & mid-term marks and 2 letters of reference. The selected female applicants qualifying for the scholarship must provide a signed copy of this application form, official transcripts and original, signed copies of the reference letters.

*****DUE DATE for CFUW Scholarship application is Friday April 28, 2017*****

Incomplete applications will not be considered for awards by the Committee.

NAME	
ADDRESS & Postal Code	
E-MAIL ADDRESS	TELEPHONE
HIGH SCHOOL	DATE OF BIRTH (d/m/y)
MOTHER'S NAME & OCCUPATION (include address if different from above)	
FATHER'S NAME & OCCUPATION (include address if different from above)	
OTHER IMMEDIATE FAMILY MEMBERS (AGE, GRADE & RELATIONSHIP)	
UNIVERSITY/COLLEGE SELECTED	
COURSE	
FORECAST EXPENSES FOR <u>FIRST YEAR</u> OF POST SECONDARY EDUCATION e.g. Tuition, Books, Food & Accommodation	
EXPECTED REVENUE (AMOUNT & SOURCE Including RESP if applicable & SAVINGS \$	
\$ - SCHOLARSHIPS, BURSARIES, AWARDS, ETC.	\$ - SAVINGS

Canadian Federation of University Women / Barrie District Scholarship Trust Fund

\$ RESP IF APPLICABLE		\$ OTHER e.g. Family, Gifts, etc.	
SCHOLASTIC STANDING LIST YOUR O.S.S.G.D. CREDITS, i.e. Grade 12 - 1 st semester final and 2 nd semester mid-term marks.			
1ST SEMESTER		2ND SEMESTER	
SUBJECT	FINAL MARK	SUBJECT	MID-TERM MARK
LETTERS OF REFERENCE - Scan and submit with the Application Form			
<u>SCHOOL</u> One reference only			
NAME			
POSITION AT THE SCHOOL			
TELEPHONE NUMBER			
<u>NON-SCHOOL</u> i.e. WORK, CLUB, SPORTS, ETC_ One reference only			
NAME			
POSITION			
TELEPHONE NUMBER			

ACTIVITIES and EMPLOYMENT DURING FOUR YEARS AT SECONDARY SCHOOL,

List in point form, all of your activities and employment.

Click in each cell and type your information. Complete chart on Page 3 of this Application Form.

	JOB TITLE/POSITION	YEARS HELD	TOTAL HOURS	NAME OF ORGANIZATION OR EMPLOYER	CONTACT (NAME & PHONE)	JOB/POSITION DESCRIPTION
<i>Example</i>	<i>Assistant Soccer Coach</i>	<i>12/2014 02/2015</i>	<i>6hrs/wk 3 mos.</i>	<i>Barrie Soccer Club</i>	<i>Gail Smith 705-000-0000</i>	<i>Attended all games, organized drills & exercises at practices</i>
VOLUNTEER SCHOOL RELATED						
VOLUNTEER NON-SCHOOL						
EMPLOYMENT						
RECREATION - SPORTS/MUSIC						

LIST ACHIEVEMENTS WHILE IN SECONDARY SCHOOL INCLUDING EXTRA-CURRICULAR AWARDS

COMMENTS If you wish to make any other comments or add any other facts which you feel would assist the Scholarship Committee in making its decision, please add your comments below.

Should I be selected as the recipient of the Scholarship, I agree that my name, high school and photograph may be released to the local media and placed on the CFUW website.

Please check one. AGREE DISAGREE

Signatures of the Applicant and Parent/Guardian will be required from selected winners of this scholarship.

I have provided true and accurate information on this Application Form.

Signature of Applicant _____

Date _____

Signature of Parent/Guardian _____

Date _____

Information on this form is collected for the purpose of selecting an individual to receive the CFUW Barrie District Annual Scholarship and will not be used for any other purpose. All information is treated as confidential and will not be shared with any individuals other than the members of the CFUW Barrie District Scholarship Committee.

EVALUATION

The criteria for evaluating Application Forms are:

- 30% Academic Standing
- 30% Activities in School and in the Community
- 40% Financial Need