

# THE CATHOLIC HEALTH ASSOCIATION OF NEW BRUNSWICK SCHOLARSHIP

## APPLICATION FORM

### APPLICANT'S PERSONAL INFORMATION

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Address \_\_\_\_\_

Apartment \_\_\_\_\_ City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_  New Brunswick Resident (Can be attending a post-secondary institution outside of the province.)

### CURRENT PROGRAM OF STUDY

Name of Institution \_\_\_\_\_ Program \_\_\_\_\_

Address of Institution \_\_\_\_\_

Expected Start Date \_\_\_\_\_ Expected Date of Completion \_\_\_\_\_

Certificate, diploma or degree expected \_\_\_\_\_ Year of program of study \_\_\_\_\_

### EDUCATIONAL HISTORY

Name of High School \_\_\_\_\_

Date diploma received \_\_\_\_\_ Average \_\_\_\_\_

Other Post-Secondary Institution (If Applicable) \_\_\_\_\_

Program \_\_\_\_\_ Date: From \_\_\_\_\_ to \_\_\_\_\_

Certificate, diploma or degree completed \_\_\_\_\_ Grade Point Average \_\_\_\_\_

### ITEMS TO BE ATTACHED

1. The application form completed, electronically or legibly in black or blue ink, within the space provided.
2. An autobiographical statement. This should include the student's future educational and career goals and may include extracurricular activities (memberships, athletic and cultural activities and hobbies), church, community service and volunteer activities. There is no minimum or maximum of words.
3. A resume.
4. A letter of acceptance from the post-secondary institution.
5. The most recent unofficial (or official) transcript base on a full year of study.

PRIVACY STATEMENT AND APPLICATION AGREEMENT

I have read the application details, rules and regulations of the Catholic Health Association of New Brunswick Scholarship and hereby declare that:

1. I have personally written the attached application, addressed all required issues fully and completely and that to the best of my knowledge the information provided in this application is true. I understand that the information provided may be verified upon request.
2. I consent to the use of my personal information for processing of the application and/or if I receive this award, publication of my name and study plans.
3. I have read and agree to all of the official rules and regulations and acceptance conditions of the prize.

Name of Applicant (please print) \_\_\_\_\_

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

Date of Application \_\_\_\_\_