CATHOLIC HEALTH ASSOCIATION OF N.B.

FOUNDERS SCHOLARSHIP

APPLICATION FORM

**APPLICANT'S PERSONAL INFORMATION**

First Name Last Name Middle Initial

NB Home 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 T O 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, awards and bursaries received, extracurricular activities (memberships, athletic and cultural activities and hobbies, church, community service, and volunteer activities). Please state how this scholarship will assist you in your studies. 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