

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 _____