



Box 395
Gimli, MB R0C 1B0

Scholarship Application Form

Please be sure that the information you provide is up-to-date, accurate and complete.

PERSONAL CONTACT INFORMATION			
Family Name:	Given Name(s):	Date of Birth: mm / dd /yyyy	
Email Address:		Telephone:	
Mailing Address While in School:			
Box Number / Street Address	City	Province/Territory	Postal Code
Permanent / Home Mailing Address: Same as above <input type="checkbox"/>			
Box Number / Street Address	City	Province/Territory	Postal Code
Best Method of Contact:			
<input type="checkbox"/> Email Address <input type="checkbox"/> Permanent / Home Mail Address <input type="checkbox"/> Mailing Address While in School			

APPLYING AS: Please refer to Guidelines and select category(s) for your application.		
<input type="checkbox"/> Post-secondary Student	<input type="checkbox"/> Mature Student	<input type="checkbox"/> Trades & Technologies Student
High School or Homeschool from which you graduated:		
Have you resided in catchment area of Westshore Community Foundation for last 2 years?		

EDUCATION			
Name of last school, college or university attended:			
From: dd / mm / yyyy	To: dd / mm / yyyy	Program of Study	Degree/Diploma/Certificate Granted
Name of school, college or university you are attending this year:			
Start date for year:	Finish date for year:	Program of Study:	Admission confirmed: <input type="checkbox"/> Yes <input type="checkbox"/> No
What year of study are you entering?	How many years to complete program?	Degree/Diploma/Certificate at Completion:	Career Goal:
Number of credit hours this year: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time		If Part-time, what portion of full-time credit hours will you complete this year?	

**All Applicants in 2nd year or later must submit by application deadline:
OFFICIAL ACADEMIC TRANSCRIPT from the ADMISSIONS / REGISTRAR OFFICE
for the most recent year of study.**

FINANCIAL

How do you plan to finance your education?

Do you pay rent or mortgage during the academic year?

Do you pay the cost to commute to school?

Do you have medical or disability costs beyond that of an average student? Please explain.

Do you support dependents?

Are you employed full or part-time during the academic year?

Are you employed full or part-time during academic breaks?

Will you be attending your chosen program of study if you do not receive a scholarship?

Briefly describe other expenses or other factors affecting your financial need:

LETTER OF APPLICATION

Applicant must submit by application deadline a **LETTER OF APPLICATION** of no more than 500 words that:

1. Summarizes your academic, career and future goals
2. Most importantly, describe your community, volunteer, student activities and leadership qualities
3. Summarizes your life experiences and challenges (if any) that you have faced in pursuing your education.

LETTERS OF REFERENCE

Applicant must submit by application deadline **2 LETTERS OF REFERENCE:**

- an educator reference, employer reference and/or a reference from the community/volunteer sector
- Please only submit references that are **CURRENT, DATED AND SIGNED.**

DECLARATION and CONSENT

- I have read and fully understand the guidelines that govern the Westshore Community Foundation Inc. scholarship application and selection process, and I have provided answers to all questions which apply to me.

I understand that my application must include the following documents and be received at the Westshore Community Foundation Inc. administration office by the application deadline to be deemed complete and eligible for Westshore Community Foundation scholarships:

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- APPLICATION FORM completed, dated and signed
 - LETTER OF APPLICATION
 - 2 LETTERS OF REFERENCE that are current, dated and signed.
 - Students in 2nd year or later - OFFICIAL ACADEMIC TRANSCRIPT from the ADMISSIONS / REGISTRAR OFFICE for the most recent year of study.

I certify that all information contained on this form is truthful. I understand that any false statements intentionally given on this application, by email, or telephone will disqualify my application and will affect my ability to access future funding.

Yes I hereby give consent for Westshore Community Foundation Inc. to use / publish my name and relevant information on Westshore Community Foundation Inc.'s website, in Westshore Community Foundation Inc.'s annual report, in the local newspaper, in Westshore Community Foundation Inc. donor communication for promotion and marketing or on social media.

No

I understand that successful applicants will be required to submit OFFICIAL PROOF OF ENROLMENT from the ADMISSIONS/REGISTRAR OFFICE for next year of study to Westshore Community Foundation Inc. before receiving a scholarship award.

I will endeavor to attend the Westshore Community Foundation Inc. Scholarship Awards Ceremony held the first Friday in October if selected.

Applicant's Signature:

Date: dd / mm / yyyy