**Scholarship Application**

Applications should be returned to the Scholarship Committee no later than August 1st. The Scholarship Committee assumes no responsibility for lost, delayed, or misdirected applications.

The decision of the Scholarship Committee shall be final.

**PERSONAL DATA**

Name:

Address:

Telephone Number:

Name & Address (if different than above) of Parents or Guardians:

Mother:

Father:

Guardian:

Parent’s/Guardian’s Occupation(s):

Mother:

Father:

Guardian:

**EDUCATION**

Proposed Post-Secondary Institution:

Field of Study:

Other scholarships and/or bursaries that have been awarded:

**EXTRA-CURRICULAR ACTIVITIES**

Describe your extra-curricular, school, and community activities in which you participate:

What are your personal goals and aspirations?

Tell us a little about yourself and why you feel you are deserving of this scholarship:

I hereby certify that, to the best of my knowledge, the above information is true and complete.

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Signature Date

The personal information gathered on this form is voluntarily provided by individuals. If provided, the information will be used or disclosed only for the purposes for which it was collected in accordance with the New Brunswick Right to Information and Protection of Privacy Act. If you have any questions regarding of the collection and use of this information, please contact Charlotte County Hospital Auxiliary.