

Canadian Federation of University Women / Barrie & District Scholarship Trust Fund

2024 Post Secondary School Scholarship APPLICATION FORM

DUE DATE for application is Friday April 26, 2024

This application form is fillable or you can print it to complete it. If filled online, save it to a file and email it as an attachment to scholarship@cfuwbarrie.ca. Additional space is available on page 5 in the "Comments" area. If filled on paper, scan it to a file, save and email it as an attachment to scholarship@cfuwbarrie.ca. It must be accompanied by a transcript of your first semester & mid-term marks and 2 letters of reference. The selected female applicants qualifying for the scholarship must provide a signed copy of this application form, official transcripts and original, signed copies of the reference letters.

Incomplete applications will not be considered for awards by the Committee.

NAME	
ADDRESS & Postal Code	
E-MAIL ADDRESS	TELEPHONE
HIGH SCHOOL	DATE OF BIRTH (dd/mm/yyyy)
MOTHER'S NAME & OCCUPATION (include address if different from above)	
FATHER'S NAME & OCCUPATION (include address if different from above)	
OTHER IMMEDIATE FAMILY MEMBERS (AGE, GRADE & RELATIONSHIP)	
UNIVERSITY/COLLEGE SELECTED	
COURSE	
FORECAST EXPENSES FOR <u>FIRST YEAR</u> OF POST SECONDARY EDUCATION e.g. Tuition, Books, Food & Accommodation	
EXPECTED REVENUE (Available First Year)	
\$ SAVINGS	\$ RESP (First Year)
\$ SCHOLARSHIPS, BURSARIES, AWARDS, ETC.	\$ OTHER e.g. Family, Gifts, etc.

SCHOLASTIC STANDINGLIST YOUR O.S.S.G.D. CREDITS, i.e. Grade 12 - 1st semester final and 2nd semester mid-term marks.

1 ST SEMESTER		2 ND SEMESTER	
SUBJECT	FINAL MARK	SUBJECT	MID-TERM MARK

LETTERS OF REFERENCE - Scan and submit with the Application Form**SCHOOL** One reference only

NAME

POSITION AT THE SCHOOL

TELEPHONE NUMBER

NON-SCHOOL i.e. WORK, CLUB, SPORTS, ETC. One reference only

NAME

POSITION

TELEPHONE NUMBER

ACTIVITIES and EMPLOYMENT DURING FOUR YEARS AT SECONDARY SCHOOL,

List in point form, all your activities and employment.

Click in each cell and type your information. Complete chart on Page 3 & 4 of this Application Form.

	JOB TITLE/POSITION	YEARS HELD	TOTAL HOURS	NAME OF ORGANIZATION OR EMPLOYER	CONTACT (NAME & PHONE)	JOB/POSITION DESCRIPTION
<i>Example</i>	<i>Assistant Soccer Coach</i>	<i>12/2021 02/2022</i>	<i>6hrs/wk 3 mos.</i>	<i>Barrie Soccer Club</i>	<i>Gail Smith 705-000-0000</i>	<i>Attended all games, organized drills & exercises at practices</i>
VOLUNTEER SCHOOL RELATED						
VOLUNTEER NON-SCHOOL						

COMMENTS If you wish to make any other comments or add any other facts which you feel would assist the Scholarship Committee in making its decision, please add your comments below.

Should I be selected as the recipient of the Scholarship, I agree that my name, high school and photograph may be released to the local media and placed on the CFUW website.

Please check one. **AGREE** _____ **DISAGREE**_____

Signatures of the Applicant and Parent/Guardian will be required from selected winners of this scholarship.

I have provided true and accurate information on this Application Form.

Signature of Applicant_____

Date_____

Signature of Parent/Guardian_____

Date_____

Information on this form is collected for the purpose of selecting an individual to receive the CFUW Barrie District Annual Scholarship and will not be used for any other purpose. All information is treated as confidential and will not be shared with any individuals other than the members of the CFUW Barrie District Scholarship Committee.

EVALUATION

The criteria for evaluating Application Forms are:

- 30% Academic Standing
- 30% Activities in School and in the Community
- 40% Financial Need