

**Fairview Health Complex Foundation
Scholarship Application**

Name: _____ Soc. Ins. #: _____

Parent(s) Name(s): _____

Present Address: _____ Phone Number: _____

Home Address (if different than above): _____

Email: _____

Education:

Secondary School Attended: _____

Address: _____ Phone Number: _____

Achievements Record: Please attach a copy of your transcript or high school marks, certified by your principal.

Proposed Studies:

Institution: _____ Program: _____

Location: _____ Year of Program: _____

School Involvement: Eg. Student Union, extra-curricular, co-curricular, etc. Please list and describe your activities past and present (use another sheet if necessary).

Comments: Add comments or other information that you feel should be included to explain special circumstances or that would aid in the selection process.

References:

Principal/Professor: _____ Email: _____

Address: _____ Phone Number: _____

Teacher/Instructor: _____ Email: _____

Address: _____ Phone Number: _____

Character/Work Reference _____ Email: _____

Address: _____ Phone Number: _____

Declaration:

I hereby make application for the Fairview Health Complex Foundation Scholarship and I declare that I will enroll with the appropriate educational institution.

Payment following confirmation of attendance.

Signature of Applicant _____ Date: _____