

### Scholarship Application form

The information requested below is required for review by the Selection Committee

Please complete all information in pen and in block letters. Be sure to include your Bay River College ID number at the top of each page of this application.

#### STUDENT PROFILE

IDENTIFICATION:

STUDENT ID NO:

 Preferred Title:     Mr.     Ms.     Miss.     Mrs.     Other (Please Specify):

Last Name:

First Name:

Date of Birth:

 \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Day            Month        Year

I am a:

 Canadian Citizen

 Permanent Resident

 Refugee/ protected Person

 International Student

#### MAILING ADDRESS

Street name and no:

Apt/Unit no:

City:

Prov/State:

Postal/Zip Code:

Daytime

Evening/Mobile

Telephone: (    )

Telephone: (    )

E-mail address:

#### ACADEMIC INFORMATION

Please enter your previous Post-Secondary Education in the fields provided below for evaluation of your application for the Dr. Shaheen Memorial Foundation Scholarship. Please also attach transcripts of previous academic institutions you have listed below.

1 – Institution Name:

Diploma/Degree:

City:

Country:

Date Graduated (dd/mm/yyyy):

CGPA (as on transcript provided):

2 – Institution Name:		Diploma/Degree:	
City:	Country:	Date Graduated (dd/mm/yyyy):	CGPA (as on transcript provided):
3 – Institution Name:		Diploma/Degree:	
City:	Country:	Date Graduated (dd/mm/yyyy):	CGPA (as on transcript provided):
4 – Institution Name:		Diploma/Degree:	
City:	Country:	Date Graduated (dd/mm/yyyy):	CGPA (as on transcript provided):
<b>PROFESSIONAL/ACADEMIC REFERENCES</b>			
Please attach three (3) letters of reference from previous professional or academic contacts to this application. References will be contacted and interviewed as part of your application.			

## Scholarship Application Form

### Letter of Intent

Please write a personal statement and attach it to your application, please explain why you are applying for this scholarship, how this scholarship will help you and your intentions regarding your future studies and employment. Outline any special circumstances that the Selection Committee should take into account when reviewing your application.

Please limit your Letter of Intent to a maximum of 250 words. (Written in legible, block letters or typed).

If your Letter of Intent is on a separate page, please ensure your name and your Bay River Student ID number is on your Letter of Intent.

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By submitting this application, I affirm that all of the information I am providing is correct, and I pledge to fulfill the reporting requirements if I am awarded the scholarship.

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Printed Name

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Signature

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Date (dd/mm/yyyy)

## **Confidentiality**

All information collected with your scholarship application will be used solely for the purposes of evaluating your eligibility and, unless otherwise expressed.

## **Accuracy of Information**

All information in this application is to complete to the best of your knowledge. If the information submitted in this application is found to be false or intentionally misrepresented, you may be required to repay any scholarship funding received and/or be barred from future scholarship/academic applications.