



Marie Robbins

Scholarship Fund APPLICATION FORM

CONTACT INFORMATION

| | | |
|--------------|---------|-------------|
| Full Name | | |
| Mobile Phone | | Other Phone |
| Address | | City |
| | | Prov/State |
| Postal/Zip | Country | Email |

INITIAL QUESTIONS

| |
|--|
| Post-Secondary School Accepted to |
| Are you a landed immigrant or new Canadian? (Must have supporting documentation) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Will you be receiving any other forms of financial assistance? (Scholarships, grants, bursaries, etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Please select all that apply to your current situation: <input type="checkbox"/> Living in a rental home. <input type="checkbox"/> One income family. <input type="checkbox"/> Pursuing over 4 years of schooling. <input type="checkbox"/> If you or your family have limited employment. <input type="checkbox"/> Personal or family medical expenses. <input type="checkbox"/> Personal or family financial challenges faced in the last 4 years |

REFERENCES #1 (Cannot be a family member)

| | |
|---------------------------|-------|
| Full Name | |
| Relationship to Applicant | |
| Mobile Phone | Email |

REFERENCE #2 (Cannot be a family member)

| | |
|---------------------------|-------|
| Full Name | |
| Relationship to Applicant | |
| Mobile Phone | Email |

SIGNATURE(S)

| | |
|----------------------|--|
| Applicant Signature: | Parent or Guardian Signature (if applicant is under 18): |
| Date: | Date: |