



CANADIAN FEDERATION OF UNIVERSITY WOMEN

FÉDÉRATION CANADIENNE DES FEMMES DIPLÔMÉES DES UNIVERSITÉS

SAINT JOHN, N.B.

APPLICATION FORM - \$1000 ENTRANCE SCHOLARSHIP TO UNBSJ

The Canadian Federation of University Women – Saint John – offers this scholarship to a female student who will graduate from a School District 8 High School and enter her first year of studies at the **University of New Brunswick, Saint John**, in September.
Priority considerations are **financial need** and **academic standing**.

Please enclose a statement to explain why you are applying for/deserving of this scholarship, two letters of recommendation - one from the school principal/designate - an official transcript, a resume/list of school and community activities, and a confirmation of acceptance.

Identification:

Name: _____ Birth date: _____
(day/month/year)

E-mail Address (if available): _____

Mailing Address: _____
(Street) (Apt. Number)

_____ Postal Code: _____ Phone: _____

Academic Record: High School(s): _____

Grade 11 average: _____ Number of level 1/AP/IB courses: _____

Grade 12 average (1st semester): _____ Position in Class: _____ Number of level 1/AP/IB courses: _____

Grade 12 average (2nd semester mid term): _____ Number of level 1/AP/IB courses: _____

Special Programs: (eg French Immersion, YAP, Coop Education, IB Diploma/Certificate): _____

Academic Goals: Degree Sought: _____ Institution: _____

Goals following university graduation: (please attach a statement if additional space is necessary) _____

Financial Status: (Financial need is considered in awarding the scholarship. This information will be kept confidential.)

Are you living at home/dependent on parent(s)? Yes No

If "no" please give brief explanation: _____

Financial Status (continued)

Father's occupation: _____ Mother's occupation: _____

Are there other dependants at home/away at school? Special circumstances? If so, please give details.
(example: older sibling at home but working, 2 younger siblings, grandparent lives with us and requires dialysis)

Combined Family Income after taxes: (select one)

- | | |
|--|---|
| <input type="checkbox"/> under \$30,000 | <input type="checkbox"/> \$30 - \$50,000 |
| <input type="checkbox"/> \$50 - \$75,000 | <input type="checkbox"/> \$75 - \$100,000 |
| <input type="checkbox"/> \$100 - \$125,000 | <input type="checkbox"/> over \$125,000 |

Anticipated Expenses: (please specify, for example, books, tuition etc) _____

_____ Total: _____

Your jobs in the past three years (include summer and winter/part time)

Dates:	Employer/Position:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Scholarships/Bursaries **received** to date:

Name/Source	Value/Amount
_____	_____
_____	_____
_____	_____
_____	_____

Have you **applied for** other scholarships/bursaries for the coming year? Which one (s)?

Name/Source	Value/Amount
_____	_____
_____	_____
_____	_____
_____	_____

Please ensure required enclosures accompany the application.

Forward To: Chair, Scholarship Committee
C.F.U.W. – Saint John
P.O. Box 6233, Station A
Saint John, NB, E2L 4R7

Postmarked by: April 30th

Date: _____

Signature: _____