



CANADIAN FEDERATION OF UNIVERSITY WOMEN

FÉDÉRATION CANADIENNE DES FEMMES DIPLÔMÉES DES UNIVERSITÉS

SAINT JOHN, NEW BRUNSWICK

\$1500 JEAN FLEMMING MEMORIAL SCHOLARSHIP FOR

MATURE STUDENTS

The Canadian Federation of University Women, Saint John, offers this scholarship to a **mature** female student pursuing degree studies at a Canadian university. Candidates must be **over 24** years of age, **reside** in the greater Saint John, N.B. area and have **completed** a minimum of **30 credit hours**, the equivalent of one full year of study. **Priority** considerations are **academic standing** and/or **financial need**. Preference will be given to those pursuing full time studies/who agree to register full time on receipt of the scholarship.

Please enclose a statement explaining why you are applying for/deserving of consideration for this scholarship, two references - one from an instructor , official transcripts of your high school and university marks, and a resume.

Identification:

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

E-mail Address (if available) _____

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

_____ Postal Code: _____ Phone: _____

Academic Record:

High School(s): _____ Date(s): _____

Grade 12 average: _____ Number of level 1/AP/IB courses if applicable: _____

Special Awards/Programs/Distinctions/Considerations: (eg. French Immersion, YAP, Coop Education, IB Diploma/Certificate, Valedictorian, medals, completed GED/Academic upgrading to qualify for admission):

University(ies): _____ Credit Hours to Date: _____ Current GPA: _____

Current Attendance Status(select one) : ____ Full Time or ____ Part-Time

Anticipated Attendance Status (select one): ____ Full Time or ____ Part-Time

Goals: Degree Sought: _____ Major field of study if known: _____

Goals following university graduation: (use attachment if necessary): _____

Financial Status: (As financial need is a consideration in awarding the scholarship this information is important. It will be kept confidential.)

Combined Family Income after taxes: (select one)

under \$30,000

\$50 - \$75,000

\$100 – \$125,000

\$30 - \$50,000

\$75 - \$100,000

over \$125,000

Financial Considerations: (eg. dependant children/other adults in home, medical requirements, single parent):

Your employment in the past three years. Please indicate if full or part time.

Date(s)

Employer:

Position: Full or Part-time

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Scholarships/Bursaries **received** to date:

Name/Source

Value/Amount

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

Please attach a statement explaining why you are applying for/deserving of consideration for this scholarship.

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

Postmarked by: May 30th

Date: _____

Signature _____