



CANADIAN FEDERATION OF UNIVERSITY WOMEN

FÉDÉRATION CANADIENNE DES FEMMES DIPLÔMÉES DES UNIVERSITÉS

SAINT JOHN, NEW BRUNSWICK

\$1500 LILLIAN D. AND CHARLES R. BONE MEMORIAL SCHOLARSHIP

The Canadian Federation of University Women, Saint John, offers this scholarship to a female **university graduate** with **high academic standing** and entering a **Post – Graduate Degree** program. Eligible candidates must be a **graduate of School District 8** (Saint John, N.B.), or a **resident** of the greater Saint John, N.B. area.

Please enclose a statement explaining why you are applying for/deserving of consideration for this scholarship, two references from professors in your field of study, an official transcript of your university marks, a resume and confirmation of acceptance.

Identification:

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

E-mail Address (if available): _____

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

_____ Postal Code: _____ Phone: _____

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

_____ Postal Code: _____ Phone: _____

Academic Record:

High School(s): _____ Dates: _____

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): _____

University(ies) Attended: _____ Dates: _____

Undergraduate Degree/Major field of study: _____

GPA: 1st yr: _____ 2nd yr: _____ 3rd yr: _____ 4th yr: _____

Special Awards/Programs/Distinctions (eg. Valedictorian, dean's list, cooperative education):

Goals: Post-Graduate Degree Sought: _____ Institution: _____

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

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

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

<i>Date(s)</i>	<i>Employer:</i>	<i>Position: (full or part time)</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Scholarships/Bursaries/Fellowships/ other financial assistance for the coming year **received** to date:

<i>Name/Source</i>	<i>Value/Amount/Duration</i>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Have you **applied** for other Scholarships/Bursaries/Fellowships for the coming year? Which one (s)?

<i>Name/Source</i>	<i>Value/Amount</i>
_____	_____
_____	_____
_____	_____
_____	_____

Please enclose required documentation with your application.

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

Postmarked no later than: May 30th

Date: _____

Signature _____