



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: 1<sup>st</sup> yr: \_\_\_\_\_ 2<sup>nd</sup> yr: \_\_\_\_\_ 3<sup>rd</sup> yr: \_\_\_\_\_ 4<sup>th</sup> 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 15th

Date: \_\_\_\_\_

Signature \_\_\_\_\_

(Revised Jan. '11)