***Please download file and complete. Hand written forms will not be accepted***

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| **Choose Bursary being applied for** |
| **[ ] Rotary Club of Pickering Paul Harris Bursary**  **[ ] Rotary Club of Pickering Bursary**  **[ ] Rotary Club of Pickering Indigenous Achievement Bursary** |

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| **Section 1: Applicant Information** | | | | | | | | | |
| **First Name:**  Click or tap here to enter text. | | **Surname:**  Click or tap here to enter text. | | | | | | **Middle Initial:**  Click or tap here to enter text. | |
| **Permanent Address:**  Click or tap here to enter text. | | | | **City/Town:**  Click or tap here to enter text. | | | | | **Province**:  Click or tap here to enter text. |
| **Postal Code:**  Click or tap here to enter text. | | **Telephone Number(s):**  **Cell:** Click or tap here to enter text.  **Home:** Click or tap here to enter text. | | | | | | **Female:** ☐ **Male:** ☐  **Date of Birth:**  Click or tap to enter a date. | |
| **Ministry of Education ID #:** | | **Status in Canada: Yes No**  Canadian Citizen: ☐ ☐  Permanent Resident: ☐ ☐  (e.g.: Landed Immigrant) | | | | | | **Are you a first-year student?**  **Yes**  ☐ **No** ☐ | |
| **College/University Student #:** | |
| **Section 2: Current Institution Information** | | | | | | | | | |
| **Name of education institution which you are currently attending (high school/ university or college):** | | | | | | | | | |
| **Address of educational institution:**  Street: | | | | City/Town: Click or tap here to enter text.  Prov: Click or tap here to enter text.Postal Code: | | | | | |
| **References:** | * *The two individuals listed should each provide a letter of reference.* * *This individual must be a teacher at the institute at which you are currently enrolled.* * *This individual must be able to describe your involvement in and contribution to the community.* | | | | | | | | |
| **Name** | | | **Telephone #** | | | | **Relationship to Candidate** | | |
|  | | |  | | | |  | | |
|  | | |  | | | |  | | |
| **Section 3: College or University Information** | | | | | | | | | |
| **Name of College or University currently attending or attending in the fall/winter:** | | | | | | | | | |
| **Program of Study/Degree Program:** | | | | | **Years Completed, if applicable: (*check one*)**  **☐ 1st ☐ 2nd ☐ 3rd ☐ 4th** | | | | |
| **Career Goals:** | | | | | | | | | |
| ***Committee Use*** | | | | | | | | | |
| **Reviewed Date:** | | **Approved:**  ☐ **Yes** ☐ **No** | | | | **All information Received**:  ☐ **Yes** ☐ **No** | | | |

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| **Section 4: Community Involvement - *Please describe your community/organization activities*** |
|  |
| **Section 5: Financial Statement - *Please provide information*** |
|  |
| **Section 6: Personal Statement – *Provide 200 words about yourself*** |
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I certify that the above information is accurate and complete. I understand that any false or incomplete information will disqualify me from this program. I agree to the public release of my name and photograph should I be awarded a bursary. I also agree that bursary funds will only be granted to the educational institution listed on my application.

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Application must be received by June 30, 2021. Please mail to**:  Rotary Club of Pickering Scholarship Program  P.O. Box 7  Pickering, ON L1V 2R2  ***OR***  Scan and email to scholarship@pickeringrotary.ca |