

APPLICATION FORM WILLIAM J. VICKERS OR CHARLES BUTLER NORTHUMBERLAND COOPERATIVE LIMITED SCHOLARSHIP 2016-2017



Nan	ne:				
Ada	lress:				
Pho	one#:				
Son	Daughter of:				
Nor	thumberland Co-op Employee/Member:	o-op Employee/Member:			
Sch	ool(s) Attended:	tended:			
Plai	Plans for 2015-2016:				
Hav	ve you been accepted to a post secondary institu	ution? (Please photocopy letter of acceptance and attach) Not Yet			
If n	ot, when do you expect to know?(Dat				
Plea	ase attach a copy of your academic transcript.				
Ref	erences:				
1)	Academic Name: Address: Phone Number(s): Home	<u> </u>			
2)	Personal Name:	Occupation:			
	Address:Phone Number(s): Home				
<i>3</i>)	<u>Personal</u> Name:	Occupation:			
	Address:				

<i>1</i>)	List your history of	extra curricular activities:				
2)	List your communit	y involvement.	Voluntary	Paid		
	1) Organization:			<u> 1 ata</u>		
	_					
	Responsibilitie	?s:				
			<u>Voluntary</u>	Paid		
	2) Organization:		<u> </u>	1 0000		
	Responsibilitie	?s:				
ĺ	List any part-time or summer employment (please include company name, work performed, dates employed):					
	A) Part-TimeEarnings:					
	B) Summer Employment					
			Earnings:			
4)	Please outline your need for this scholarship:					
	1. Can you attend	if you don't receive this scholarship?				
	2. Do you have any	y other scholarships to date?				
	3. What is your inc	come?				
	ASE ATTACH ON A EER PLANS.	A SEPARATE PAGE, A SHORT WRITE-	UP (50 WORDS OR LES	S, ON YOUR		
	•	H ON A SEPARATE PAGE, A SHORT W WE IS BENEFICIAL TO YOUR COMMU	•	OR LESS) ON		
		OFFICE USE ONLY	Y			
	Dat	e received:				
	Dur	(M/D/Y)				
Pleas	e return form to:	Human Resources Department, North	numberland Cooperative I	Limited		
	v	254 Lawlor Lane, P.O. Box 462 Miran	_			
		Tel: (506) 627-7696 Fax: (506) 622-6				
		E-mail: human.resources@northumb	berlanddairy.ca			
		<u>DEADLINE</u> – June 30, 2016				