

**BEAUBEAR CREDIT UNION FOUNDERS
SCHOLARSHIP**

Instructions for completing application

The Scholarship(s) will be awarded annually in June.

Application can be mailed to:

Trustees
**Beaubear Credit Union Founders Scholarship
C/O Beaubear Credit Union
PO Box 764, 376 Water Street
Miramichi, NB
E1V 3V4**

OR scan completed documents and email to: beaubear@beaubear.ca

Applications must be **received** by the Trustees no later than June 1st of each year.

All students or one of his/her parents who are members of Beaubear Credit Union for 12 months preceding the application are eligible for the bursary.

Applicants should be careful to answer all questions.

The page on family information is strictly confidential. It should be completed by the parent or guardian, and mailed **separately** to the above address. This page will be destroyed once the Trustees have made their decision on the recipient of the Scholarship.

Application Form

(1) **Name of Applicant** _____
First Middle Last

(2) **Date of Birth** _____ **Telephone #** _____

(3) **Home Address** _____ **Mailing Address (if different)** _____

Applicant's email address: _____

(4) **University, College or Institute of Higher Learning you plan to attend**

(5) **Program you plan to follow** _____

(6) **Have you been accepted at this University, College or Institute of Higher Learning?**

_____ Yes _____ No *(If yes, please enclose a copy of acceptance letter)*

(7) **Fill in the following and attach a transcript of your Grade 11 marks:**

Attended Grade 10 at _____ Average Mark for the Year _____
Name of high school

Attended Grade 11 at _____ Average Mark for the Year _____
Name of high school

Attended Grade 12 at _____ Average Mark for the Year _____
Name of high school

(8) **Describe fully any areas of involvement in school, at home or in the community:**

(9) **Briefly explain why you feel you should obtain the Beaubear Credit Union Founders Scholarship.**

(10) **Are you a member of Beaubear?**

If yes, please answer: When did you become a member?

If no, please answer: Is one of your parents a member? _____

When did he/she become a member?

(11) **Your parents/guardians names, address and telephone numbers**

(12) Please list three persons who know you well, whom the Trustees of the Scholarship may contact for a reference. Those should include one or two of your teachers, and may include a clergyman or other responsible person.

Reference 1

Name

Address

Occupation

Phone

Reference 2

Name

Address

Occupation

Phone

Reference 3

Name

Address

Occupation

Phone

14. Please list any other bursaries or scholarships you have been awarded:

15. Please give any further information, which you feel may assist the Trustees in considering your application.

CONFIDENTIAL FAMILY INFORMATION

MUST BE RECEIVED NO LATER THAN JUNE 1ST.

This page containing family information will be kept in strict confidence by the Trustees. It will be destroyed once the Trustees have made their selection.

(1) Re: _____
(Student's Name)

(2) Annual Family Income of 20____
(Total income including wages, pensions, allowances, etc.)

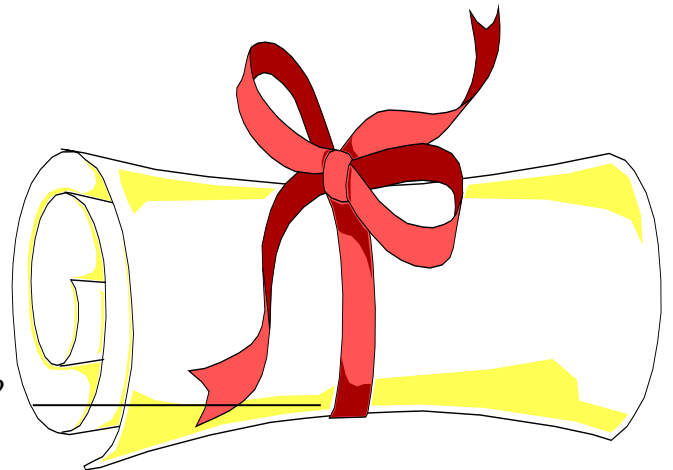
- _____ Under \$25,000
- _____ \$25,000 - \$50,000
- _____ \$50,000 - \$75,000
- _____ Over \$75,000

3. Number of persons in this household:

- Parents _____
- Children _____
- Others _____

4. How many contribute to the family income?

5. How many are supported by this income?



Signature of Parent/Guardian

Date