

STUDENT'S NAME: _____

JAMES M. HILL HIGH SCHOOL

YEAR: _____

APPLICATION

For

DAVID SADLER MEMORIAL SCHOLARSHIP

Background

The David Sadler Memorial Scholarship will consist of bursaries to be awarded annually based on the annual net proceeds.

The program is exclusive to students attending James M. Hill High School.

Terms & Conditions of Eligibility

1. The program offers these scholarships to a student graduating from James M. Hill High School and entering an accredited post-secondary institution.
2. A Scholarship Committee consisting of the Mayor or designate, City Manager, Principal of James M. Hill High School and a Guidance Counselor at James M. Hill High School will meet in June each year to make the selections.
3. Selection will be based on academic standing, participation in school related activities, community service, character and financial need.
4. All decisions of the Committee will be final.
5. Payment of the award to successful applicant will be made in two (2) payments of \$750 each; one upon proof of enrolment in an accredited post-secondary institution in first term, one upon proof of enrolment in the same field of study in the second term, which will include a copy of the first term marks.
6. Please arrange to provide to us, separate from this application two (2) letters of reference.
7. Recent transcript of marks (official or unofficial)

All inquiries should be addressed to the Principal or Guidance Counselor.

SCHOLARSHIP APPLICATION MUST BE RECEIVED BY THE SELECTION COMMITTEE ON OR BEFORE MAY 8TH

Mail to: City of Miramichi
Scholarship Committee
141 Henry Street
Miramichi, NB
E1V 2N5

OR

Drop off at the Main Office at JMH

STUDENT BURSARY APPLICATION

PERSONAL DATA

NAME: _____

ADDRESS: _____

POSTAL CODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

FATHER'S NAME: _____

OCCUPATION: _____

MOTHER'S NAME: _____

OCCUPATION: _____

FAMILY INCOME (CHECK ONE)

Below \$25,000 _____

\$25,000 - \$40,000 _____

\$40,000 - \$55,000 _____

\$55,000 & up _____

Have you applied for and/or received any other scholarships/bursaries

Yes **No**

If yes, please list

Attach separate sheet if necessary

Ages of other dependent children in family and level of schooling

NAME OF UNIVERSITY YOU PLAN TO ATTEND _____

COURSE OF STUDY _____

EXTRA CURRICULAR ACTIVITIES:

Indicate your outstanding achievements and abilities or talents in particular fields such as music, athletics, dramatics, science, creative writing, speech contests, etc.

List activities in which you have participated both in and out of school. Examples: Student Council, Scouts/Girl Guides, Church Groups, etc.

Briefly explain why you should be considered for this bursary.

