

Jack Estey Memorial Scholarship

Submit to Main Office at JMH by May 15th/2025

Proof of Enrollment – Proof of enrollment is required before release of funds

To assist with post secondary education for up to four needy and/or deserving students who reside in the area of the former Village of Loggieville, NB.

Name: _____ Rank (if ranked): _____

Address: _____

_____ Postal Code: _____

(must be former **Village of Loggieville**)

Name of Parent(s)/Guardian(s): _____

Occupation: _____

Post Secondary Plans:

Institution: _____

Degree (if degree program): _____

Major: _____

Scholarships or Bursaries received:

Name

Amount

How do you plan to finance your education: _____

Please give a brief statement of your financial need: _____

Major activities: _____

Community/Volunteer Work: _____

Note: ***Proof of Acceptance** – official letter/copy from a post-secondary institute.*

***Proof of Enrollment** – official letter/copy indicating registered and attending from a post-secondary institute.*