

Windsor and Area Education Fund Application 2012

DUE DATE: FRIDAY, MAY 25th 2012 at 3:30 pm in Student Services AVHS

Personal Information	Full Name:		Date of Birth and Age:	
	Mailing Address:			
			Postal Code:	
	Resident of <input type="checkbox"/> Ellershouse area (from Stark Road to Rockwell Road) <input type="checkbox"/> Town of Windsor <input type="checkbox"/> Municipality of West Hants? <input type="checkbox"/> East Hants? <input type="checkbox"/> Municipality of East Hants?			
	SIN # (Optional)			
	Name the person (s) with whom you live			
	What percentage of the week?			
What are names of the people who have legal custody (if different from above)?				

Future Educational Plans	Plans for September 2011 e.g. Attending Acadia Attending NSCC Working full time, other	
	Area of Study e.g. Majoring in history Carpentry, B.A., BSC engineering, etc.	

Community	Are you the son / daughter of a member of C.U.P.E. Local 3876 or 3890?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you a member of a bonafide Hants County farm family?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Did you attend Uniacke District School in grade 9 and currently reside in Mount Uniacke?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Did you attend Windsor Forks District School for grade 6?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you a member of St. Johns Catholic Church?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you or is someone in your household a member of the Victory Credit Union?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you a firefighter with the Windsor Fire Department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you related to an auxiliary member, a firefighter, or a veteran of the Windsor Fire Dept? Name: _____ Relationship: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you a member of the Uniacke Fire Department? Name: _____ Relationship: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you a Junior member of the Brooklyn Fire Department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you a relative of a member of the Brooklyn Fire Department? Name: _____ Relationship: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Are you related to a veteran or member of the Hants County Branch #9 Legion? Name: _____ Relationship: _____	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you presently an active volunteer in your community? (If yes, complete the following section)	Yes <input type="checkbox"/> No <input type="checkbox"/>	

High School Activities

Activity	Grade	Approximate hours per year	Details

Work Experience

Location	Dates of Employment	Approximate hours per week	Details

Special Achievements and Awards

Award	Date Achieved	Details

Special Circumstance and Financial Need

Should you wish your application to be considered on the basis of financial need, you must attach a letter (written by the student) which MUST include the following five (5) pieces of information:

1. Your current plans to fund your post secondary education.
2. The names and ages of dependent children living at home (ages 21 and under).
3. The gross income of your legal guardian(s).
4. Please describe any special circumstances that you believe should be considered by the prize committee.
5. Please include the signatures of both the student and the legal parent / guardian at the bottom of the letter.

CONSENT TO SHARE YOUR INFORMATION

If there are outside scholarship opportunities that arise, do you consent to releasing information contained in this application (including a copy of your transcript that we attach to the application) to the bursary/scholarship donors for consideration? (Exception: any personal letters of financial need attached will remain confidential).

_____ Yes, I consent to the release of information contained in this document to outside donors in order to be considered for additional bursary/scholarship opportunities.

_____ No, I do not consent to the release of information contained in this document to outside donors in order to be considered for additional bursary/scholarship opportunities.

Student Signature: _____

Parent Signature: _____

Date: _____

ABSOLUTELY NO APPLICATIONS WILL BE ACCEPTED AFTER 3:30 pm FRIDAY, MAY 25th. Applications may be submitted before this date.

For questions please contact:

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