

THOMAS HAYES MEMORIAL SCHOLARSHIP

The Thomas Hayes Scholarship Fund has been established to award one scholarship (amount to be determined based on the interest earned on the Trust Fund) to a graduating student from Dalhousie Regional High School who will be attending an accredited university in the following year. The scholarship will be extended to the recipient for each consecutive year while enrolled at a university to a maximum of four years.

To be eligible to apply for this award, the student must be a resident of the Lorne community. The scholarship is to go to a resident of Lorne before anyone else. If no applications are received from Lorne students, students from the surrounding communities of that portion of the Parish of Durham that is the former School District 14 (excluding Jacquet River and Lorne) may be considered. If no suitable candidate is found from the two previous areas, candidate from Jacquet River may be considered.

The Scholarship Committee of Dalhousie Regional High School will select the recipient based on the following criteria:

1. Place of residence
2. Financial need
3. Scholarship achievement
4. Community involvement
5. School involvement

The Thomas Memorial Scholarship was established in the memory of Mr. Thomas Hayes, a pioneer and developer of the Lorne Community.

THOMAS HAYES MEMORIAL SCHOLARSHIP

APPLICATION FORM

1. Name of applicant _____
2. Date of birth _____
3. Home address _____

4. Mailing address. _____

5. Telephone number _____
6. University you plan to attend _____
7. Degree you plan to follow _____
8. Career objective _____
9. Have you been accepted at this university? _____ If yes, please
enclose a copy of the acceptance letter.
10. Describe fully any extra-curricular activities in which you have taken part (sports,
hobbies, employment) in school over the past three years.

USE OVERLEAF IF NECESSARY

11. Describe any community activities in which you have taken part.

12. Briefly list any scholastic achievements you have received over the last three years.

13. Your parents' (or guardian) names and address: (both physical and postal)

14. Please list three persons who know you well, whom the Scholarship Committee may contact for a reference. These should include one or two of your teachers and may include a clergyman, or other responsible person.

<u>Name</u>	<u>Address</u>	<u>Occupation</u>	<u>Telephone</u>
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15. Please give any further information which you feel may assist the Scholarship Committee in considering your application. (Financial need, relationship to Lorne community, etc.)

DALHOUSIE REGIONAL HIGH SCHOOL



500 CANADA GAMES DRIVE, DALHOUSIE, N.B., E8C 2P5

TELEPHONE: (506)684-7553

FAX: (506)684-7602

PRINCIPAL: Ms. Dawn Beckingham

VICE-PRINCIPAL: Mr. Jonathan Watts

Thomas Hayes Memorial Scholarship

As the recipient of the Thomas Hayes Memorial Scholarship, I give consent to have the following information released to the trustee of the fund:

Name: _____

Mailing address:

Post-secondary school: _____

Area of study: _____

Signature of Recipient: _____

Thomas Hayes Memorial Scholarship

Please have the top portion of this form completed by the registrar at the beginning of each semester and return with your mailing address, telephone number and Social Insurance Number to:

*Kelly Laflamme
School District 15
464 Montgomery St.,
Dalhousie, NB E8C 2A6
506-684-7470*

THIS IS TO CONFIRM _____ IS
(Student Name)

REGISTERED AT _____ FOR
(Name of Institution)

THE _____ SEMESTER OF THE _____ SCHOOL YEAR.

(Signature of University Registrar)

To be completed by student

My mailing address is: _____

Tel: _____

My Social Insurance Number is: _____

Signature of Recipient _____

NOTE:

Upon receipt of this document each semester, your scholarship payment will be processed.

Your T4A will be mailed to the address you have provided above.