

NB ABORIGIONALS PEOPLES COUNCIL
LOCAL 18

SCHOLARSHIP APPLICATION FORM
AMOUNT OF SCHOLARSHIP \$ 100.00

DATE: _____

NAME: _____

ADDRESS: _____

TELEPHONE: _____

UNIVERSITY OR LEARNING INSTITUTION YOU PLAN TO ATTEND: _____

COURSE YOU INTEND TO FOLLOW: _____

FATHER'S NAME: _____ OCCUPATION: _____

MOTHER'S NAME: _____ OCCUPATION: _____

NUMBER OF DEPENDENTS IN FAMILY: _____

NAME OF HIGH SCHOOL ATTENDED: _____

APPLICANT MUST BE A MEMBER OF THE NEW BRUNSWICK ABORIGIONALS
PEOPLES COUNCIL.

SCHOLARSHIP TO BE AWARDED AT CHRISTMAS BREAK UPON
CONFIRMATION OF ATTENDANCE FOR SECOND SEMESTER.

PLEASE COMPLETE APPLICATION FORM AND RETURN TO GUIDANCE
COUNSELLOR BY MAY 31st AND PLEASE ATTACH TRANSCRIPT OF MARKS.

SIGNATURE OF APPLICANT: _____