

Macleod Stanley Scholarship Application Form

Name: _____

Date of Birth: _____

Address: _____

Telephone: _____

Email address: _____

Record of Academic Standing (Grade 10 to present)

Grade 10 Average: _____ %

Grade 11 Average: _____ %

Grade 12 (1st Sem.) Average: _____ %

Extracurricular school activities:

(If more space is required, add a separate page)

Community Activities:

(If more space is required, add a separate page)

Employment experience:

(If more space is required, add a separate page)

Scholarship 2018-2019

Financial Need: This is a requirement for this scholarship. Your description of need should include total family income and expenses, any assets or income available to fund your education and any other relevant circumstances.
(If more space is required, add a separate page)

Post-Secondary Plan:

Name of Institution: _____

Name of Program: _____

Future Plans: What are your plans following the completion of your post-secondary education?
(If more space is required, add a separate page)

Notes:

- Application must include high school transcripts, 3 references (at least one teacher, and one employer/coach/mentor), explanation of financial need and an essay on the person I most admire (250 words maximum).
- Application must reach Dr. & Mrs. H.E. Christie Community Foundation by May 3, 2019 by mail.

Dr. & Mrs. H. E. Christie Community Foundation
P.O. Box 986
Amherst. NS
B4H 4E1