



Calvary United Church Scholarship Application Form

Submission Deadline is April 30th.

PART 1: PERSONAL INFORMATION *(please print)*

Name _____

Date of birth _____

Home address _____
Street City Postal Code

E-Mail Address _____

School Information

Name of secondary school Year of graduation

PART II: POST SECONDARY SCHOOL INTENTIONS

First Choice

Name of university/college

Alternate choice

Alternate choice

Name of Program applying for Number of years to complete program

PART III: CALVARY PARTICIPATION

Outline your personal involvement with Calvary.

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PART IV: ACKNOWLEDGEMENT AND AUTHORIZATION

I certify that all the information provided on this application form is true, accurate and complete.

I authorize the use of my information in connection with the promotion of the program without remuneration or consideration.

Signature

Date

Please have your parent/guardian sign this application form.

I confirm that the information provided on this application form is true, accurate and complete to the best of my knowledge.

Parent/Guardian Signature

Date