

THE SCOTT F. CLARKSON SCHOLARSHIP
APPLICATION FORM

The Scott F. Clarkson Education Fund is available to encourage and assist all student in the pursuit of a post-secondary degree with preference given to students who enroll or plan to enroll in a program relating to agriculture and/or who are residents of the Parish of Stanley.

Applications must be received by May 31 for the
upcoming academic year. Complete and return to:
The Scott F. Clarkson Education Fund
168 Church Street
Fredericton, New Brunswick
E3B 4C9

GENERAL INFORMATION:

Name: _____

Permanent Address: _____
Street
City/Town
Province
Postal Code

Current Address: _____
(if different from above)
Street
City/Town
Province
Postal Code

This is your current address from : _____ to _____
Date
Date

Telephone: Day () Evening () Email: _____

Social Insurance Number: _____ Date of Birth: _____

EDUCATION: (Please complete the following, beginning with the most recent institution attended, or planning to attend.)

Name of university / college / high school attending/attended	Name of the degree program enrolled in	Major	Length of program (# of years)	Currently in which year	Year expected to graduate or year obtained (month/year)

Indicate your overall grade point average (GPA) to date for the current academic year _____ of _____
(Attach a copy of your transcript)
GPA
Max GPA

Indicate your overall grade point average (GPA) to date for the previous academic year _____ of _____
(Attach a copy of your transcript)
GPA
Max GPA

EXTRA-CURRICULAR ACTIVITIES/INTERESTS/HOBBIES: (Please describe your extra-curricular activities including class/school activities, volunteer experience, memberships, sports activities, hobbies, etc.)

WORK EXPERIENCE (IF APPLICABLE): (Beginning with your current or most recent employer, please describe full-time/part-time/summer/internship experience)

Name of Employer	Type of Business	Your Job Title	Employed	
			From:	To:

FINANCIAL RESOURCES: (Please list all other awards and scholarships you have been awarded. Attach additional information if space insufficient.)

Award Name	Amount	Period to which it applies (please indicate multi-year award)

Please complete the following list of resources for the upcoming academic year:

Parental/Spousal contribution	\$
Contribution from other family/friends	\$
Scholarships/awards (total from above)	\$
Accumulated personal savings	\$
Expected employment/other income	\$
Other (please specify)	\$
TOTAL	\$ <u> </u>

Please attach a budget or expenditures for your upcoming scholastic year:

Tuition	\$
Books	\$
Other fees	\$
Accommodations:	
- residence fee	\$
- meal plan	\$
- rent	\$
- utilities	\$
- other (specify)	\$
Travel costs (provide details)	\$
Other (please specify):	\$
	\$
	\$
	\$
	\$
TOTAL EXPECTED EXPENDITURES	\$ <u> </u>

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ACKNOWLEDGEMENT OF CONDITIONS

I, the undersigned, hereby acknowledge that the student award may be a taxable receipt and I hereby provide my Social Insurance Number for the purposes of being issued a T4A information slip, to be received early in the winter academic term. I acknowledge that it is my responsibility to properly report the income in my personal income tax return for the year the funds are received.

I certify that the financial need information provided is accurate and complete and I agree to provide such supporting documentation as may be requested of me by the selection committee (such as income tax returns, family information, etc.).

Signature

Name (please print)

Date

Please note, applications received without the properly signed acknowledgement will not be processed.