

Grace United Church
Scholarship Application Form

(please refer to the Scholarship Information Package for details on Eligibility,
Terms and Timeline)



please print clearly in ink

PART 1: PERSONAL INFORMATION

NAME	
HOME TELEPHONE	CELL NUMBER (OPTIONAL)
ADDRESS (street, city, postal code)	
EMAIL <i>(ONE THAT IS CHECKED REGULARLY)</i>	
DATE OF BIRTH	

SCHOOL INFORMATION

NAME OF SECONDARY SCHOOL
SCHOOL ADDRESS
YEAR OF GRADUATION

PART II: GOALS and ASPIRATIONS

OUTLINE YOUR GOALS AND ASPIRATIONS FOR YOUR CAREER/OCCUPATION

PART III: POST SECONDARY SCHOOL

A: INTENTIONS (for those entering first year)

FIRST CHOICE

NAME OF UNIVERSITY/COLLEGE	
PROGRAM APPLIED FOR	NUMBER OF YEARS TO COMPLETE PROGRAM

SECOND CHOICE

NAME OF UNIVERSITY/COLLEGE	
PROGRAM APPLIED FOR	NUMBER OF YEARS TO COMPLETE PROGRAM

THIRD CHOICE

NAME OF UNIVERSITY/COLLEGE	
PROGRAM APPLIED FOR	NUMBER OF YEARS TO COMPLETE PROGRAM

OR

B: CURRENT (for those currently enrolled)

NAME OF UNIVERSITY/COLLEGE	
PROGRAM ENROLLED IN and YEAR OF STUDY	NUMBER OF YEARS TO COMPLETE PROGRAM

PART IV: GRACE UNITED CHURCH INVOLVEMENT

LIST YOUR INVOLVEMENT WITH GRACE UNITED CHURCH. IF POSSIBLE, INCLUDE DATES AND THE NAME OF A CONTACT PERSON

<ul style="list-style-type: none">•

PART V: REFLECTION ESSAY

Please complete an essay up to 600 words covering your personal participation and involvement in Grace United Church. Please include why you choose to get involved, the blessings you have received from your involvement and the blessings you hope others have received from your involvement. To be typed and submitted with this application.

PART VI: ACKNOWLEDGEMENT AND AUTHORIZATION

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

I authorize the release of any information to the Grace United Church Scholarship Program relating to this application which it may request from secondary school, university/college or church sources.

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

SIGNATURE OF APPLICANT
PRINTED NAME OF APPLICANT
DATE

If under the age of 18, please have your parent/guardian sign this application form.

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

SIGNATURE OF PARENT/GUARDIAN
PRINTED NAME OF PARENT/GUARDIAN
DATE