



*"Your path to an enriched community"*

## Joanne Brooks Automotive Scholarship Fund Scholarship Application Form

*Application deadline June 1st*

Student's Name: \_ \_ \_ Date of Application: \_ \_

Social Insurance Number: \_ \_ \_

High School Graduating From: \_ \_

Home Address \_ \_

City \_ \_ Postal Code: \_ \_

Is this a permanent mailing address for contact year round?  Y  N

Phone # \_(H)\_ \_

Phone # \_(Cell)\_ \_

Email Address: \_ \_

Post-Secondary School or Institution Enrolled In: \_ \_

Name of Post-Secondary Course or program: \_ \_

This Course is for (check one):  Music  Storytelling  (please define) \_\_\_\_\_

Proof of Acceptance in Post-Secondary Course attached: Yes  No

*(Proof of Acceptance must be confirmation of enrollment in accredited educational institution in Canada and include contact information for verification purposes. This confirmation must be for the year of study for which you are applying for scholarship.)*

Student # \_ \_ (if known)

Attached please find verification of Average Marks for current year of study

Attached please find a Short Essay (250 – 500 words), outlining why I am pursuing a career in your chosen field. You may ALSO include recordings, video essay/performance or YouTube links.

Reference Letters in Support of Student Attached

Weighted Average (to be completed by school staff)

The information provided herein is true to the best of my knowledge

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Teacher/Nominator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

The information collected under the Municipal Freedom of Information and Protection of Privacy Act will be used for the purpose of determining eligibility for an award. If you have any questions concerning the collection of information please contact the Freedom of Information Coordinator at 1250 Dundas Street, London, ON, N6A FL1 (519) 452-2257



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## CONSENT FORM FOR SCHOLARSHIP AWARD APPLICANTS

In order to publicly recognize the achievement of the student as a recipient of the award, a consent form is included with this application. The refusal to sign the consent form will not prejudice the consideration of the student's application for the scholarship award.

The signing of this consent form permits the Elgin St. Thomas Community Foundation and/or the partner School Board/Educational Foundation to publicly recognize the achievement of the student as a recipient of the award(s).

As applicant/parent/guardian consent is given to the Elgin St. Thomas Community Foundation and/or the partner School Board/Educational Foundation to publish the student's name, school location with award(s) received and future post-secondary plans if selected for an award conferred as a result of this current/attached application.

Student award recipients may be recognized and celebrated in our annual reports to donors, website, newspapers, school newsletters, yearbooks and special recognition at events.

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature of Applicant/Independent Student

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_

Signature of Parent/Guardian

NOTE: If the parent/legal guardian's signature is not required, the student must provide proof that he/she has independent status.