

DAVID ASHWORTH MEMORIAL SCHOLARSHIP

APPLICATION FORM

I, _____ hereby apply for the annual
Scholarship offered in memory of David Ashworth.

I plan to attend _____.

Starting Date: _____

Signature of Student

The David Ashworth Memorial Scholarship amounts to \$1000.
The scholarship will be awarded to a graduate of the
Tobique Valley High School for the year of graduation.
NOTE: The application must be accompanied by a written
summary outlining the candidate's future plans,
extracurricular and community involvement and
personality/character strengths.

In addition, the basis for qualifications are as follows:

1. Financial need
2. Academic Merit
3. Must be entering a trade

Approved by: _____

Mrs. Amber (Morton) Ashworth

NOTE: The money will be forwarded to the student upon
confirmation of his/her being registered for second
semester, by the Registrar of the Institution. Send
confirmation to:

Mrs. Amber Ashworth
21 Route 395
Three Brooks, NB
E7G 3T5