

VICTORIA COUNTY WOMEN'S INSTITUTE

SCHOLARSHIP APPLICATION FORM - \$200.00

NAME OF APPLICANT _____

ADDRESS _____

DATE AND YEAR OF BIRTH _____

NAME OF FATHER _____ OCCUPATION _____

NAME OF MOTHER _____ OCCUPATION _____

NAME OF SCHOLARSHIP APPLIED FOR _____

FOR WHAT PURPOSE IS SCHOLARSHIP DESIRED _____

SCHOOL TO WHICH YOU HAVE APPLIED FOR ADMISSION _____

ADDRESS OF SCHOOL _____

NAME OF COURSE _____

APPROXIMATE COST OF TRAINING PER YEAR _____

NAME OF VICTORIA COUNTY WOMEN'S INSTITUTE RECOMMENDING APPLICANT:

BRANCH _____

SECRETARY _____

ADDRESS _____

PLEASE NOTE: THE APPLICANT IS RESPONSIBLE FOR SEEING THAT A TRANSCRIPT OF SCHOOL MARKS, A LETTER OF REFERENCE FROM A MEMBER OF THE SCHOOL STAFF, AND A LETTER OF REFERENCE FROM A SUPPORTING WOMEN'S INSTITUTE IS SENT TO THE SECRETARY OF THE VICTORIA COUNTY WOMEN'S INSTITUTE.

IMP. →

APPLICATION SHOULD ALSO INCLUDE LETTER FROM APPLICANT, ENLARGING UPON THE INFORMATION ALREADY GIVEN IN THE APPLICATION FORM; THE FINANCIAL NEED; COMMUNITY INVOLVEMENT; FUTURE PLANS, ETC.

DATE _____ 19 _____

SIGNATURE OF APPLICANT