

COWICHAN CREAMERY AGRICULTURAL SCHOLARSHIP TRUST SOCIETY

APPLICATION FORM

APPLICANT NAME: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

POSTAL ADDRESS: _____

PHONE #: _____ FAX #: _____ EMAIL _____

SCHOOL GRADUATED FROM: _____

A. FAMILY INFORMATION:

NAME OF FATHER: _____ OCCUPATION: _____

NAME OF MOTHER: _____ OCCUPATION: _____

CURRENT ADDRESS OF PARENTS: _____

NUMBER OF BROTHERS AND SISTERS ATTENDING SCHOOL: _____

NUMBER OF BROTHERS AND SISTERS ATTENDING COLLEGE: _____

OTHER FAMILY INFORMATION YOU CONSIDER RELEVANT: _____

B. NAME OF UNIVERSITY/COLLEGE YOU PLAN TO ATTEND: _____

C. WHAT IS YOUR COURSE MAJOR: _____

D. DATE YOU MADE YOUR APPLICATION FOR ENROLLMENT: _____

E. HOW DOES YOUR POST SECONDARY EDUCATION PLANS PREPARE YOU FOR A WORK RELATED FIELD IN AGRICULTURE?

F. HOW DO YOU FEEL YOUR EDUCATION TO DATE HAS FACILITATED YOUR KNOWLEDGE OF AGRICULTURE:

G. HAVE YOU EVER LIVED ON A FARM OR HAD ANY ACTIVITY IN 4H CLUB:

H. WHAT ARE YOUR ANTICIPATED EXPENSES WHILE ATTENDING:

I. FROM WHAT SOURCES DO YOU EXPECT TO RECEIVE ABOVE FUNDS:

J. SCHOLASTIC RECORD: PLEASE ATTACH TRANSCRIPTS/MARKS FOR LAST TWO YEARS OF ATTENDANCE:

K. NAME AND ADDRESS OF THREE REFERENCES WHO WOULD SUPPORT YOUR APPLICATION FOR THIS SCHOLARSHIP. INCLUDE AT LEAST ONE REFERENCE LETTER.

1. _____
2. _____
3. _____

L. PLEASE SUBMIT RESUME/WORK EXPERIENCE:

M. APPLICATIONS DECLARATION:

I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN ANSWER TO THE ABOVE QUESTIONS IS COMPLETE AND TRUE.

APPLICANTS SIGNATURE

DATE

Return to Secretary: Henrietta Groenendijk
3210 Mt. Sicker Rd.
Chemainus, B.C. V0R 1K4
Phone: 1-250-246-3300 Fax: 1-250-246-3397
Email: chgroenendijk@shaw.ca