

**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?**

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

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

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**H. WHAT ARE YOUR ANTICIPATED EXPENSES WHILE ATTENDING:**

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

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**J. SCHOLASTIC RECORD: PLEASE ATTACH TWO YEARS of TRANSCRIPTS and MARKS.**

**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  
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