

COWICHAN CREAMERY AGRICULTURAL SCHOLARSHIP TRUST SOCIETY

APPLICATION FORM

APPLICANT NAME: _____

PLACE OF BIRTH: _____ DATE OF BIRTH: _____

POSTAL ADDRESS: _____

PHONE #: _____ 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 TWO YEARS of TRANSCRIPTS and MARKS.

K. NAME AND ADDRESS OF THREE REFERENCES WHO WOULD SUPPORT YOUR APPLICATION FOR THIS SCHOLARSHIP and 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
Email: chgroenendijk@shaw.ca