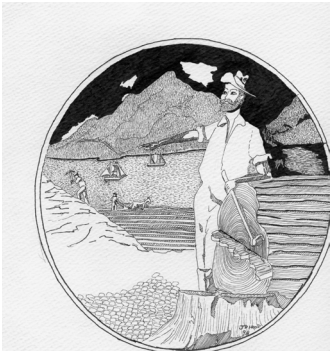


******DEADLINE: MAY 15**

APPLICATION FORM

COWICHAN CREAMERY AGRICULTURAL SCHOLARSHIP TRUST SOCIETY

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 <u>TWO YEARS</u> 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
3210 Mt. Sicker Rd.
Chemainus, B.C. V0R 1K4
Phone: 1-250-246-3300
Email: chgroenendijk@shaw.ca

August 2026