## **SCHOLARSHIP and BURSARY APPLICATION FORM - 2019**

The information provided on this sheet will help the scholarship committee determine if you are eligible for one of the many scholarships and bursaries given out to the graduating students of R.R.H.S. on graduation night.

If you do not complete this application form, you will not be considered for any of our many scholarships and bursaries.

Attach an additional sheet, if needed.

PERSONAL DATA

Name				
Address:			-	
Address: Home Telephone				
Date of Birth		Age:		
ratner's Name:		Occupation		
Mother's Name:	<del></del> :	Occupation		
Brothers and Sisters				
Name(s)	Age	If student, name insti	tution and year	
EDUCATIONAL PLANS				
<ul> <li>Course you plan to the Length of course:</li> <li>Have you been acce</li> <li>Your ultimate career</li> </ul>	pted? (Yes	s/No)ed (List all - starting with	the earliest and ending with	
• Have any of your parelated to you and where he	rents or gr /she taugh	randparents been a teached on a separate sheet.)	er? (If yes, list his/he	er name, how he/she is
SCHOOL LIFE				
Have you ever been	a member	of the Students' Council	? (when)	
List the Clubs, Organ attending R.R.H.S. A	nizations a attach an a	nd Teams that you were dditional sheet if needed	associated with while	
Club, Organization or	Team	Grade Level(s)	Club, Organization or Team	Grade Level(s)

CI	TI	ZE.	NS	H	IP

					i i	
<ul> <li>List any clu</li> </ul>	ıb, group,	organization, church or	team that you have been asso	ociated w	ith outside of school.	
Attach an additiona	al sheet if	needed.	i			
			Your Role		$\neg$	
Club, Group	o, Organi	zation or Team	Your Role			
				-		
FINANCIAL DA	TA					
	. 60	Contract of studie	202			
How do you plan i	to finance	e your first year of studio	£8.			
Summer work:	YES	NO	Parents' help:	YES	NO	
Personal Savings:	YES	NO	Education Funds: (RESP, etc.)	YES	NO	
			(RESI, etc.)			
If yes, please expla	ain (this i	nformation will be kept of	d attending your program is confidential within the Awar	d's Comi	mittee)	
	-					
OTHER COMM	ENTS					
Have you any add	itional inf	formation you think may	be of help to the committee	?		
, ,						
					_	
				<del></del>	_	
Lagree to the term	s of these	scholarships and to the	correctness of all the information	ation giv	en above. I understand	
that this information	on will be	treated confidentially.		_		
			Signature			
Date	Date					

lease return this application to your Homeroom teacher.

Deadline: Friday, April 25th