

# **NEWFOUNDLAND ASSOCIATION OF VICTORIA**

## **CRITERIA FOR SCHOLARSHIP APPLICATION**

The presentation of the Scholarship Award for 2008 will be made at the September General Meeting. The purpose of the award is to help further the post-secondary education of a deserving student who meets the qualifying standards as set forth herein.

The applicant must:

- be a member (19 years of age or older) a child or grandchild (18 years of age or younger) of a member of the Newfoundland Association of Victoria in good standing. Membership must have been for at least one year;
- have graduated in the prior year from an accredited high school, or completed a year of study in an accredited college or university, having attained a minimum B standing;
- be attending a full program of classes at any college or university or affiliate, with no distinction made between academic and trade-related courses;
- be of good moral character as judged by the Scholarship Committee. A minimum of two references in writing are required;
- submit enclosed application form no later than August 15, 2008. Submit transcript of current year qualifying grades along with current year letter of acceptance; and
- submit written details of participation in extra curricular and community service activities, which will be considered in selecting the winning candidate.

Please mail application to: Newfoundland Association of Victoria  
PO Box 36043  
1153 Esquimalt Road  
Victoria BC V9A 7J5

**NEWFOUNDLAND ASSOCIATION OF VICTORIA  
SCHOLARSHIP APPLICATION**

**Sponsor:** \_\_\_\_\_

**Applicant:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**High School:** \_\_\_\_\_

**Grade Average:** \_\_\_\_\_

**Academic Average:** Last Year \_\_\_\_\_ This Year \_\_\_\_\_

**Extra Curricular:** \_\_\_\_\_

\_\_\_\_\_

**Community Service:** \_\_\_\_\_

\_\_\_\_\_

**References:**                    1. \_\_\_\_\_                    **Phone:** \_\_\_\_\_

   2. \_\_\_\_\_                    **Phone:** \_\_\_\_\_

**Post Secondary:**                    **School:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Faculty:** \_\_\_\_\_

**Courses:** \_\_\_\_\_

**Program Length:** \_\_\_\_\_

**Degree:** \_\_\_\_\_

**Career Goal:** \_\_\_\_\_

**Other Pertinent Information:** \_\_\_\_\_

\_\_\_\_\_

**Signature:** \_\_\_\_\_                    **Date:** \_\_\_\_\_