



The Weir Scholarship Fund

Application Form

Applicant's Full Name: _____

Permanent Mailing Address: _____

Telephone: _____ **Email:** _____

Marital Status: ____ single ____ married/common-law

____ single-parent ____ separated/divorced

If you are married, is your spouse a part-time or full-time student, employed or unemployed?

Do you have children? ____ yes ____ no (if yes, complete dependent information)

Dependent Information: Number of children living with you throughout the academic year:

Age	Name of school or daycare	Amount of fees paid by applicant

Financial Status: List all sources of income and amounts received by yourself and partner, if applicable. Be sure to include Child Tax Credits, Child Support, as well as any employment or assistance income.

Have you applied for and/or received any other scholarships, loans or bursaries?

___ yes ___ no (If yes, list sources and amounts)

Education Record: Starting with most recent, list all schools you have attended and grade/ year completed. (Copy of most recent transcript to be attached.)

Employment Record: List all jobs you have held starting with your most recent. Include job title, type of work, employer and date of employment.

Post- Education Plans: Explain your reasons for pursuing further education and describe how this will allow you to pursue your career goals.

Accomplishments: List three accomplishments in your life of which you are most proud. Describe what you did, what motivated you, and how you knew you were successful.

Applicant Certification and Release of Information

I certify that I am enrolled in an accredited post-secondary educational institute.

I certify that the information in this application is true, accurate, and complete.

I authorize the reviewers of this application to call upon any and all staff of the Behavioural Health Foundation and/or my educational institution to verify my attendance and progress as a resident and student of these agencies.

Finally, if I am selected as the recipient of the Weir scholarship, I authorize the publication of my name and place of education on the BHF web site, in the BHF newsletter and on the plaque in the main hallway at BHF in St. Norbert.

Signature of applicant _____ Date: _____

Please return completed applications to:

Executive Director
Behavioural Health Foundation
Box 250, 35 ave de la Digue
St. Norbert, MB R3V 1L6

April 2018