BEAUBEAR CREDIT UNION FOUNDERS SCHOLARSHIP

Instructions for completing application

The Scholarship(s) will be awarded annually in June.

Application must be mailed to:

Trustees
Beaubear Credit Union Founders Scholarship
C/O Beaubear Credit Union
PO Box 764, 376 Water Street
Miramichi, NB
E1V 3V4

Applications must be **received** by the Trustees no later than June 1st of each year.

All students or one of his/her parents who are members of Beaubear Credit Union for 12 months preceding the application are eligible for the bursary.

Applicants should be careful to answer all questions.

The page on family information is strictly confidential. It should be completed by the parent or guardian, and mailed **separately** to the above address. This page will be destroyed once the Trustees have made their decision on the recipient of the Scholarship.

Name of Applicant	First	Middle	Last
Date of Birth	Telephone #		
Home Address		Mailing Addr	ress (if different)

Program you plan to follow	
Have you been accepted at this Unive	rsity, College or Institute of Higher Learning?
YesNo (If yes, pl	ease enclose a copy of acceptance letter)
Fill in the following and attach a tran	script of your Grade 11 marks:
Attended Grade 10 at Name of high scho	Average Mark for the Year
Attended Grade 11 at Name of high scho	Average Mark for the Year
Attended Grade 12 at	Average Mark for the Year
Describe fully any areas of involveme	ent in school, at home or in the community:
	ıld obtain the Beaubear Credit Union Founder
Briefly explain why you feel you shou Scholarship.	ıld obtain the Beaubear Credit Union Founder
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Your parents/guardians names, address and telephone numbers			
<u>-</u>	now you well, whom the Trustees of the Scholarship hould include one or two of your teachers, and may include person.		
Reference 1			
Name	Address		
Occupation	Phone		
Reference 2			
Name	Address		
Occupation	Phone		
Reference 3			
Name	Address		
Traine	Phone		
Occupation	Filolie		

CONFIDENTIAL FAMILY INFORMATION

MUST BE RECEIVED NO LATER THAN JUNE 1ST.

This page containing family information will be kept in strict confidence by the Trustees. It will be destroyed once the Trustees have made their selection.

Trustees

MAIL **SEPARATELY** TO:

	C/O Beaubea	edit Union Founders Scholarship r Credit Union 376 Water Street B
(1)	Re: (Student's Name)	
(2)	Annual Family Income of 20	
3.	Wages Pensions Allowances Other TOTAL Number of persons in this household: Parents Children Others	
4.5.	How many contribute to the family income? How many are supported by this income?	
Signat	ture of Parent/Guardian	Date