

The Helen Gibbon Memorial Award

---SCHOLARSHIP APPLICATION---

STUDENT INFORMATION

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

COURSE OF INTEREST #1. _____

COURSE OF INTEREST #2. _____

COURSE OF INTEREST #3. _____

ENDORSER OF STUDENT

(clergy, teacher, counsellor, principal, police, social services professional, senior recreation director)

NAME: _____ RELATIONSHIP TO APPLICANT: _____

ORGANIZATION: _____ POSITION: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

LETTER OF REFERENCE ATTACHED? YES NO

(A detailed letter indicating direct knowledge of and identification of unique family's economic/social barriers must accompany this application.)

To verify this endorsement, I agree to participate in a brief telephone follow-up if needed.

SIGNATURE: _____ DATE: _____

*Send completed application to the following address or fax it to (705) 568-8186:

JSANO
c/o Northern College,
140 Government Road East,
Kirkland Lake, ON
P2N 3L8