**CARLETON/ NORTH YORK BRANCH**

**NB SOCIETY OF RETIRED TEACHERS**

**SCHOLARSHIP**

**OFFICIAL APPLICATION**

Full Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact e-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

High School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Post Secondary Institution Planning to Attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program/Faculty of Study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Value of Scholarships/Bursaries Awarded to you to date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REQUIRED ATTACHMENTS TO THIS APPLICATION:

* 1. Official **transcript** of marks.
  2. A **statement** (maximum 2 pages) indicating school and community contributions and why you feel you should be awarded this bursary.
  3. A **reference letter**.

Each school is asked to select three applications and submit them to the chairperson

of the Carleton North/York Branch N.B. Society of Retired Teachers Scholarship

Trust Fund Committee on/or before May 05, 2024.

Closing date for successful applicant to complete this award:

**December 31** of the year of application.