**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.