***Prairie Branches Enterprises Inc.***
***Scholarship Application Form***

**Please Print**

Name: _____

Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Date of Birth: _____

Father's Name (Guardian): _____

Father's Occupation: _____

Mother's Name (Guardian): _____

Mother's Occupation: _____

I am enrolled in one of the following (please check one):

- ❒ Disability Support Worker Certificate
- ❒ Therapeutic Recreation Diploma
- ❒ Youth Worker Certificate/Diploma
- ❒ Bachelor of Social Work
- ❒ Other _____

Name of the Educational Institution: _____

Describe community volunteer work you have been involved with in the last two years.

_____

_____

_____

_____

_____

References: (Must not be relatives. One should be a teacher under whom the student has studied and two others from the community. All references should be contacted and approval received before names are used.) The references will be contacted in the case of a tie between applicants.

1. Name: _____ Organization: _____

   Day Phone Number: _____

2. Name: _____ Organization: _____

   Day Phone Number: _____

3. Name: _____ Organization: _____

   Day Phone Number: _____

## Have you attached?

- ❒ Your high school transcripts that include your final mark for the first term and your mid term mark for your second term.
- ❒ Your essay.

_____ _____

Signature of Applicant Date

## Approved by Parent or Guardian

_____ _____

Signature of Parent/ Guardian Date

**In Office Use**

Date Received: _____

Applicant has been approved: _____

Cheque to be issued by _____
date

Executive Director Signature: _____