

New Brunswick Public Colleges Entrance Scholarship

Please return this application form to your High School Guidance Office no later than May 27.

TOTAL VALUE: \$1,000;	
\$500 at the beginning of the academic year, and	
\$500 at the beginning of the second term upon successful completion of the first term.	

One scholarship is available for each New Brunswick high school.

This scholarship is only available in the year for which it was granted.

IN THE EVENTUALITY THAT CHANGES ARE MADE TO THIS APPLICATION FORM AFTER ITS SUBMISSION, THE RECIPIENT MUST INFORM THE SCHOLARSHIP COORDINATOR, MRS. BERTHE J. ARSENEAULT (BArseneault_NBCCFoundation-FondationCCNB@nbcc.ca). ELIGIBILITY:

All Anglophone and Francophone New Brunswick high school graduate students accepted (or on a waiting list) in the current year at any campus of the New Brunswick Community College (NBCC), the *Collège communautaire du Nouveau-Brunswick* (CCNB) or the New Brunswick College of Craft and Design are eligible.

PERSONAL AND EDUCATIONAL INFORMATION

			GENDER MALE		
SOCIAL INSURANCE NUMBER TELEPHONE N	UMBER COLLEGE S	TUDENT ID NUMBER	FEMALE		
LAST NAME	FIRST NAME and INITIAL				
HOME / PERMANENT ADDRESS					
NUMBER and STREET NAME					
CITY / TOWN		PROVINCE	POSTAL CODE		
PROGRAM OF STUDY					
PLEASE CHECK ONE BOX	Æ				
CCNB	NBCC		Brunooutel		
BathurstCampbelltonDieppe	Fredericton Miramich	i 🗌 Moncton	New Brunswick College of Craft and Design		
EdmundstonPéninsule acadienne	St. Andrews Saint John	Woodstock			
	REQUIRED SUPPOR				
	-				
All applicants must include with this appl	ication a copy of the following d	ocuments:			
Photocopy of acceptance to the New communautaire du Nouveau-Brunsw			llege of Craft and Design or the Collège		
Extracurricular Activities Summary F	orm				



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Summary of Extracurricular Activities

Please describe your leadership role in extracurricular activities during grades 9, 10, 11, 12. Indicate the name of the activity, your role, and the length of time you were involved. Also, please include for each activity the name and telephone number of a resource person who can verify your participation.

ACTIVITY	YOUR ROLE	LENGTH (month)	RESOURCE PERSON					
			Name	Phone #				
Grade 9								
Grade 10								
Grade 11								
Grade 12								