

## APPLICATION FORM WILLIAM J. VICKERS OR CHARLES BUTLER NORTHUMBERLAND COOPERATIVE LIMITED SCHOLARSHIP 2015-2016



<i>1</i> )	Nan	ne:			
<b>2</b> )	Add	ress:			
<i>3</i> )	Pho	ne#:			
<b>4</b> )	Son	/Daughter of:			
<i>5</i> )	Northumberland Co-op Employee/Member:				
<b>6</b> )	Sch	ool(s) Attended:			
7)	Plan				
8)	Have you been accepted to a post secondary institution? (Please photocopy letter of acceptance and attach)    Yes   Not Yet				
	If n	ot, when do you expect to know?(Date)			
<b>9</b> )		use attach a copy of your academic transcript.			
<i>10</i> )	Ref	erences:			
	1)	Academic Name: Address:			
		Phone Number(s): Home	Business:		
	2)	Personal Name:	_		
		Address:Phone Number(s): Home			
	3)	Personal Name: Address:			
		Phone Number(s): Home			

) List your history of	extra curricular activities:					
) List your communit	ty involvement.	<u>Voluntary</u>	Paid			
1) Organization:						
Responsibilitie	28:					
		<u>Voluntary</u>	<u>Paid</u>			
2) Organization:						
Dates:						
Responsibilitie	2S:					
List any part-time or summer employment (please include company name, work performed, dates employed):						
A) Part-Time						
		Earnings:				
	B) Summer Employment					
		Earnings:				
Please outline your	Please outline your need for this scholarship:					
1. Can you attend	1. Can you attend if you don't receive this scholarship?					
2. Do you have any						
3. What is your income?						
LEASE ATTACH ON A AREER PLANS.	A SEPARATE PAGE, A SHORT WRITE-U	VP (50 WORDS OR LES	S, ON YOUR			
	H ON A SEPARATE PAGE, A SHORT WI VE IS BENEFICIAL TO YOUR COMMUN		OR LESS) ON			
	OFFICE USE ONLY					
Dat	e received:					
Dur	(M/D/Y)					
lease return form to:	Human Resources Department, Northu	<del>-</del>	Limited			
	256 Lawlor Lane, P.O. Box 130 Miram	•				
	Tel: (506) 627-7704 Fax: (506) 622-64					
	E-mail: human.resources@northumbe	rianaaairy.ca				

<u>DEADLINE</u> – June 26, 2015