

<p style="text-align: center;"><b>BEAUBEAR CO-OP</b> <b>MARILYN DOYLE MEMORIAL SCHOLARSHIP</b></p>
--

**Instructions for completing application**

The Scholarship(s) will be awarded annually in June.

Application must be mailed to:

**Beaubear Co-op**  
**100 Coughlan Street**  
**Miramichi, NB**  
**E1N 5X5**

Applications must be **received** by the Co-op no later than June 1st of each year.

To be eligible for the scholarship parents must be active members of Beaubear Co-op.

Applicants should be careful to answer all questions.

<b>Application Form</b>
-------------------------

(1) **Name of Applicant** \_\_\_\_\_

(2) **Date of Birth** \_\_\_\_\_ **Telephone #** \_\_\_\_\_

(3) **Home Address** \_\_\_\_\_ **Mailing Address (if different)** \_\_\_\_\_

_____	_____
_____	_____
_____	_____

(4) **University, College or Institute of Higher Learning you plan to attend**

---

(5) **Program you plan to follow** \_\_\_\_\_

**PAGE 2**

**(6) Have you been accepted at this University, College or Institute of Higher Learning?**

\_\_\_\_\_ Yes \_\_\_\_\_ No *(If yes, please enclose a copy of acceptance letter)*

**(7) Fill in the following and attach a transcript of your Grade 11 marks:**

Attended Grade 10 at \_\_\_\_\_ Average Mark for the Year \_\_\_\_\_  
*Name of high school*

Attended Grade 11 at \_\_\_\_\_ Average Mark for the Year \_\_\_\_\_  
*Name of high school*

Attended Grade 12 at \_\_\_\_\_ Average Mark for the Year \_\_\_\_\_  
*Name of high school*

**(8) Describe fully any extra curricular activities in which you have taken part:**

Sports \_\_\_\_\_

---

Hobbies \_\_\_\_\_

---

Employment \_\_\_\_\_

---

Community Involvement \_\_\_\_\_

---

Special Awards or Achievements \_\_\_\_\_

---

**(9) Briefly explain why you feel you should obtain the Marilyn Doyle Memorial Scholarship.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(10) Are your parents active members of Beaubear Co-op?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

Please provide membership number. \_\_\_\_\_

**PAGE 3**

(11) Please list three persons who know you well, whom the Board of Directors may contact for a reference. Those should include one or two of your teachers, and may include a clergyman or other responsible person.

**Reference 1**

_____ Name	_____ Address
_____ Occupation	_____ Phone

**Reference 2**

_____ Name	_____ Address
_____ Occupation	_____ Phone

**Reference 3**

_____ Name	_____ Address
_____ Occupation	_____ Phone

14. Please list any other bursaries or scholarships you have been awarded:

---

15. Please give any further information or special circumstances which you feel may assist the Board in considering your application.

---

---

# FAMILY INFORMATION

(1) Re: \_\_\_\_\_  
(Student's Name)

(2) Number of persons in this household:

Parent \_\_\_\_\_

Children \_\_\_\_\_

Others \_\_\_\_\_

TOTAL

3. Are there other family members in this household attending University, College or other post secondary education?

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If yes please specify the number. \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**COMPLETED APPLICATIONS MUST BE RECEIVED AT THE OFFICE OF  
BEAUBEAR CO-OP NO LATER THAN JUNE 1ST.**