

NORTHUMBERLAND SALMON PROTECTION ASSOCIATION

EILEEN MURPHY MEMORIAL SCHOLARSHIP 2012

**APPLICATION FORM**

Applications will not be considered complete until the following documentation has been received:

1. Completed application form
2. A copy of the applicant’s resume
3. Two letters of reference
4. Essay
5. Letter of acceptance from University or College
6. A current transcript of marks

Applications must be received no later than **Friday April 27th, 2012** for consideration. Please forward all documentation to:

 Shelley Ward-Cain

 Secretary, N.S.P.A.

 50 Flett Crescent

 Strathadam, N.B.

 E1V 4H8

# PART A: PERSONAL INFORMATION

1. Name of Applicant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 First Middle Last

 2. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (d/m/y)

 3. Home Address Mailing Address (if different)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Parent(s)/Guardian(s) name(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PART B: EDUCATIONAL INFORMATION

1. Name of High School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 School District: \_\_\_\_\_\_\_\_\_\_\_

6. University or College you plan to attend:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Title of post-secondary program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Average Annual Household Income\*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 9. Number of dependants in household: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* All information provided by the applicant will remain confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Applicant’s signature Date