

Scholarship Application

Student Name:

Email:

Phone :

Address:

City, Province :

Postal Code:

High School:

Level of education earned to date:

Graduation Year:

Post-Secondary Institution:

Anticipated Graduation Year:

Please provide a brief description of your financial circumstances:

I Acknowledge:

I acknowledge this application is NOT COMPLETE until I have sent the following attachments via email to office@miramichichamber.ca - A motivational letter outlining your reasons for application, goals and relevant background. - A recommendation letter from your Educational Sponsor - An up-to-date transcript of your academic record and confirmation of enrolment at a post-secondary institution - A resume.

Yes ☐ No ☐

I Accept:

I declare that: a) the information contained in this application and accompanying documentation is true and accurate; b) I have read, understand and agree to abide by Miramichi Chamber of Commerce's Rules for Awarding Scholarships; and c) I understand that the collection of personal information provided in this application and accompanying documentation is used solely for the purpose of determining my eligibility for a scholarship, and I consent to its collection, use and disclosure as per the terms of the Privacy Statement set out in the Rules.

Yes ☐ No ☐

Deadline: May 23, 2025

Signature: