Application Form

For

George F. Flood Memorial Scholarship

Administered by

Saint John Construction Association
And
CANB – Saint John

263 Germain Street
Saint John, N.B.

E2L 2G7
Phone: 633-1101
Fax: 633-1265
E-Mail: planroom@nb.aibn.com

Note: If you are enrolling as a first year student in a University or College, then you must attach a transcript of your most recent high school marks with this application. As these marks are updated, it is imperative that a copy of all revisions be submitted to the Association as they are received. Failure to do this may disqualify this application.

During University or College, a transcript of your marks, plus all the latest revisions must be submitted in the same manner as instructed above.

Transcripts and Revisions must be submitted by July 31st, each year, to be considered. A total of Five Thousand Dollars will be given.

All applications must be made on this form, which must be completed and returned by July 31st.

Submissions by fax or e-mail will be accepted, however original transcript of marks must be received prior to awards.
**About yourself**

Name____________________________________________________________________

Surname Given Names

Full mailing address____________________________________________________________

_______________________________________ Postal Code_______________________

Phone Number Date of Birth ______________________________

**About your Education**

Where did you complete your secondary education and in what year?

____________________________________________________________________________

University or College which you plan to attend this fall

____________________________________________________________________________

as a 1st 2nd 3rd 4th year or Graduate student in a program that will
lead to __________________________ Degree or Certificate.

Anticipated year of Graduation ______________

Have you been accepted by this University or College? Yes No

Are you attending a Summer School? _____ Reason? ________________________________

____________________________________________________________________________

**For Post First Year Students in University or College who are Changing Courses or Institutions this year**

University attended last year ______________________________

Degree program last year ______________________________

Reason for this change ______________________________
Your Qualifications

You or one of your parents must:

A) Belong to the Saint John Construction Association and/or CANB – Saint John

B) Be an Employee of a Member of the Saint John Construction Association and/or CANB – Saint John

C) Be a Member of Staff of the Saint John Construction Association and/or CANB – Saint John

Certification

I, ____________________________, a signing officer of ____________________________

Certify that this applicant, or a Parent of the applicant is employed with our organization

_____________________________ Signature ____________________________ Date

Note: Financial need is one of the criteria that is taken in account for the awarding of these scholarships. To assist in the assessment process, we require some financial data to make this judgement. We ask that this information be provided, with reasonable accuracy. The entire application for these Scholarships will be kept strictly confidential.

About your Family:

Father=s Name: ____________________________

Occupation: ____________________________ Full-time or Part-time

Employer: ____________________________ Years employed

Mother=s Name: ____________________________

Occupation: ____________________________ Full-time or Part-time

Employer: ____________________________ Years employed

Total Family Annual Income

up to $20,000   $20-30,000   $30-40,000   $40-50,000   $50-60,000   Over $60,000
Not including yourself, please list the dependents in your family who are attending school, college, or university and their ages:

Name: ___________________________________ Age: _____
Name: ___________________________________ Age: _____
Name: ___________________________________ Age: _____
Name: ___________________________________ Age: _____
Name: ___________________________________ Age: _____
Name: ___________________________________ Age: _____

Please list the year, amount, duration and Name of any Scholarship or Bursary that you have been awarded in past years:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Are there any other financial grants or loans being made to you at this time to further your education?

Yes  No

If the answer is yes, please give brief details and the amounts of these grants or loans.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________
About your activities:

Use this space to describe the highlights of your extra-curricular activities, athletic achievements, and special talents at High School or University.

Use this space to detail the highlights of any community or volunteer work you have done during your education years.

Use this space to indicate the employers with whom you have had work experience, duration and responsibilities (start with most recent).
Use this Space to write a Paragraph in which you describe to the Review Committee, how important winning a Scholarship Award will be to your Educational Career:

Please submit two Academic References who could attest to your capability if asked to do so by the Review Committee. Please submit names, Positions, Schools and a valid phone number for a daytime call in the Month of August of the current year.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Attach copies of all Transcripts, Letters of Reference or additional documents as attachments.

Date of this Application ______________ Signature of Applicant ____________________