## SCHOLARSHIP APPLICATION FORM

NAME OF AWARD:	
NAME:	
PEN#:	
PHONE #/E-MAIL ADDRESS:	

To date how much scholarship money have you received:

This Award will be given to the student that best meets the criteria of the award. In order for the award decision to be made, a committee will meet and discuss all of the applications. Please complete this cover letter to the bests of your ability, follow the procedure in its entirety and submit all documents to the Stelly's Scholarship Coordinator by the due date.

WHICH POST SECONDARY INSTITUTION AND PROGRAM ARE YOU REGISTERED IN?

## WILL YOU BE A FULL-TIME OR PART-TIME STUDENT?

EXPLAIN, IN DETAIL WHY YOU THINK YOU QUALIFY FOR THIS AWARD. GIVE SPECIFIC EXAMPLES AS TO HOW YOU MEET THE CRITERIA AS OUTLINED ON THE SCHOLARSHIP INFORMATION SHEET.