

# 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 ☐

**Signature:**

**Deadline: May 23, 2023**