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PO Box 571 Miramichi, NB E1V 3T7

Deadline: May 23, 2023

Scholarship Application

Student Name:			
Email:	Phone :)	
Address:	City, Provin	ce:	Postal Code:
High School:	Level of education earne	ed 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 Nattachments via email to office@nyour reasons for application, goals	niramichichamber.ca - A m	notivational	letter outlining
from your Educational Sponsor - A confirmation of enrolment at a portion of the confirmation of the confir	n up-to-date transcript of	f your acade	
I Accept: I declare that: a) the information of documentation is true and accurate Miramichi Chamber of Commerce' that the collection of personal information is used solely for the scholarship, and I consent to its conservation of the Resident Notice (Notice).	te; b) I have read, understands and erstands Rules for Awarding Schoormation provided in this and he purpose of determining bllection, use and disclosure.	and and agre larships; and application a g my eligibili	ee to abide by d c) I understand and accompanying ty for a
Signature:			