



**HEADINGLEY CHAMBER
OF COMMERCE
LEADERS OF TOMORROW
SCHOLARSHIP APPLICATION**



Applications will be accepted based on the following qualifications and criteria, an individual who:

- Is a family member of a Chamber of Commerce business partner or an employee family member of a Chamber of Commerce business partner (please identify the business) **OR** a resident of the Rural Municipality of Headingley
- Has exhibited good educational ability achievements
- Possesses soundness of character
- Is of the age of 16-21 years
- Has been involved in his or her community

Completed applications must be submitted prior to April 30, 2019.

Name: _____ High School Graduation Date: _____

Mailing Address: _____

Phone: _____ Date of Birth: _____

Father's Name: _____ Mother's Name: _____

Chamber of Commerce Business: _____

Name of High School: _____

Mailing Address of High School: _____

**A CURRENT CERTIFIED ACADEMIC TRANSCRIPT MUST BE INCLUDED.
THIS APPLICATION WILL NOT BE CONSIDERED IF THE TRANSCRIPT IS NOT INCLUDED.**

1. List in chronological order the secondary schools you have attended, including the one you are now attending.

Name of School	Address	Grades Completed	Graduation Date

2. List Academic Awards you have received:

3. Give a summary of activities you have participated in, both in the community and your school, and the role you played in each. (Use additional pages, if necessary.)

4. What volunteer work have you done? How long have you been volunteering? On average, how many hours per week do you volunteer? Please list all organizations with contact names and phone numbers. (Use additional pages, if necessary.)

5. What is the name of the program you are planning on attending upon graduation? Please provide a letter of confirmation of acceptance to this program from the institution. (Proof of acceptance will be required prior to release of scholarship monies.)

6. Provide any additional information about yourself that you believe would be relevant. (Use additional pages if necessary).

7. Please provide two written character references, a contact phone number and relationship to you.

PHOTO CONSENT FORM / RELEASE

I hereby grant permission to Headingley Chamber of Commerce representatives, to take and use: photographs and/or digital images of me for use in news releases and/or publicity materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these

images without compensation to me. All negatives, prints, digital reproductions shall be the property of Headingley Chamber of Commerce.

ACKNOWLEDGEMENT & CERTIFICATION

I hereby indicate my understanding that the decision of the Headingley Chamber of Commerce (HCC) Board of Directors in the selection of the scholarship winner(s) is final and binding on all applicants. I understand that the HCC Board of Directors reserves the right, at any time, to terminate my benefits at their sole discretion and pursuant to the terms of this application. I certify that the information on this application is true and complete to the best of my knowledge. If asked by the HCC Board of Directors, I agree to provide further substantiation of the information given on this application.

Signature of Applicant

Date

Please mail your completed application to:

**Headingley Chamber of Commerce
11 Livingstone Way
Headingley, Manitoba R4H 0B3**

There will be 3 scholarships awarded of \$1,000 each at the discretion of the HCC Board of Directors. The scholarship recipients will be selected on the basis of such factors as academic achievement, career goals, extra-curricular activities, outside school activities, volunteer background and community involvement. The scholarship winner(s) will be selected in May and the successful applicants will be notified no later than June 15th, extenuating circumstances excepted. The award may be transmitted directly to the college or institution's financial aid office prior to the start of the academic year. The amount of the benefits, which may be received by any successful applicant, will remain at the sole discretion of the Board of Directors of the Headingley Chamber of Commerce.

All information provided will be kept confidential. We will not disclose your personal information to a third party without your consent, unless we are required or authorized to do so by law or other regulation.