

# SCHOLARSHIP APPLICATION

**SCHOLARSHIP NAME:**

Dr. Mary Kilmer Tchalekian (Latin American Students)

**VALUE:**

\$2,000

**DEADLINE:**

October 13, 2017

**SCHOLARSHIP REQUIREMENTS**

Open to full-time international students from a Latin American country in any post-secondary program. Selection based on a combination of academic performance, resume demonstrating previous and/or current community volunteer experience and a cover letter (1 page) describing how your academic and career goals will assist you in making a difference in your community.

**This scholarship will be awarded one time in the Fall and one time in the Winter term.**

**YOUR APPLICATION MUST INCLUDE:**

1. Your most recent transcript; consideration will be given based on your last term's GPA
2. Resume
3. Cover letter
4. 2 reference letters or contacts from volunteer organizations

**PERSONAL INFORMATION**
 Mr.  Mrs.  Ms.  Miss

Date of Birth:

 |                    |  
 YEAR                MONTH                DAY

 Male  Female

Family (Last) Name: \_\_\_\_\_ Given (First) Name(s): \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone #: COUNTRY CODE: \_\_\_\_\_ Email: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_ Languages Spoken: \_\_\_\_\_

**ADDITIONAL INFORMATION**
 Current Program: \_\_\_\_\_ \* Must be level 2 or higher

Student Number: \_\_\_\_\_

**I agree to the following:** I hereby make an application for an award, and I declare that the information on this form is complete and true to the best of my knowledge and belief. The personal information on this form is collected under the legal authority of the Colleges & Universities Act, R.S.P. 1990, Reg. 770. The information is being collected for the purposes of selection and publication of recipients of the scholarships and bursaries administered through Niagara College. If appropriate, this information will be submitted to Revenue Canada via T4A slips. I understand that: the Niagara College Award Committee decisions are final and that the College Awards Committee reserves the right to refuse assistance to any applicant who has knowingly made false statements on his/her application.

I have read the above statement and hereby authorize the release of information contained herein, excluding my personal financial statement, to the Donors of Niagara College, the Niagara College website, newsletters and other publicity material.

**SIGNATURE OF STUDENT:**
 YEAR                MONTH                DAY  
 |                    |                    |
**TO APPLY****PLEASE RETURN THIS APPLICATION AND ATTACHMENTS TO:**
 Niagara College Canada, International Division, 100 Niagara College Blvd, Welland, Ontario, Canada L3C 7L3 Welland: **S100** NOTL: **W115**