|  |
| --- |
| **Public Schools Branch****George & Florence Baglole Scholarship****Application Form** **(Approximately $4,000.00 renewable for 4 years)** |
| Name of Applicant: | Date of Application: |
| Address of Applicant: |
|  |
|  |
|  |
| School: |
| **Financial Status:****A. Scholarships/Bursaries:** (Please indicate amount per year and if renewable) |
| Institution: | Amount: |
| Institution: | Amount: |
|  |
| **B. Parent/Guardian:***This part of the Baglole Scholarship must be completed by you in order for the Selection Committee to have**all pertinent information concerning the applicant. The Selection Committee wishes to assure the parent/guardian that this information will be kept in absolute confidence.*Parent/Guardian Name(s):Father MotherI solemnly declare and say:*That I am the of the above named applicant*.Father, Mother, GuardianMy financial position is as follows: (*Please state annual income of both parents/guardians, along with any facts which you believe would be of assistance to the Scholarship Committee*).Father Annual Salary: \_ Mother Annual Salary: \_ Comments: I declare the information provided on this form to be true. Signature of Parent/Guardian Date |
| Please include the following with your application and submit to the Janet McQuaid @ janmcquaid@edu.pe.ca Administrative Assistant to Terri MacAdam, Director of Student Services Public Schools Branch **prior to May 27, 2022**.* Official Transcript of Marks
* 2 Letters of Reference
* University/College Letter of Acceptance (If the letter of acceptance has not been received at the time of the application, please list the institution(s) where you have applied. However, upon receipt, please forward a copy of your letter of acceptance to Janet McQuaid, @ janmcquaid@edu.pe.ca Administrative Assistant to Terri MacAdam, Director of Student Services, Public Schools Branch (Stratford Office.)

|  |  |
| --- | --- |
| Institution(s) Applied to: | Program (Degree): |
|  |  |
|  |  |
| **Applicant Signature:** | **Date:** |

 |