

CALUMET SYNERGY ASSOCIATION SCHOLARSHIP EXCELLENCE AWARD

APPLICATION FORM due **June 26, 2020**

INFORMATION:

Applicant's Name: _____

Mailing Address: _____ City/Town: _____

Province: _____ Postal Code: _____ E-Mail: _____

Telephone: (____) _____ Cell (if available): (____) _____

EDUCATIONAL BACKGROUND:

Name of High School: _____

School Address: _____ City/Town: _____

Province: _____ Postal Code: _____ Telephone: (____) _____

Expected Date of Graduation (M/D/YYYY): _____

If known, name of the post-secondary institution you plan to attend: _____

Anticipated Course of Study and Degree/Diploma: _____

Anticipated Start Date: _____

EXTRACURRICULAR ACTIVITIES:

List the extracurricular activities that you have participated and the nature of your involvement in each.

Activity	Role	Year(s)
1.		
2.		
3.		

WORK EXPERIENCE:

List summer or part-time jobs you have held, specifying employer and the type of work.

Employer	Type of Work	Year(s)
1.		
2.		
3.		

ACKNOWLEDGEMENT AND AUTHORIZATION:

I understand that the information submitted with this application will be used to assess my eligibility for one of the three CSA Scholarship Excellence Awards. I certify that all the information provided on this application and the documents accompanying it is true, accurate and complete.

Signature: _____	Date: _____
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