

# CALUMET SYNERGY ASSOCIATION SCHOLARSHIP EXCELLENCE AWARD

**APPLICATION FORM due June 25, 2021**

## **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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