

# The Charlotte Carter Memorial Scholarship

2009-10 Application Form

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## Criteria

- This award is available to a full-time student of Native descent (Status, Non-Status, Inuit or Métis) enrolled in the second-year of a Bachelor of Science in Nursing program at either a college or a university in Ontario that is recognized by the Ontario College of Nursing.
  - The student must have successfully completed of the first year of the program with a high academic standing (minimum GPA of 3.0)
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## Educational Information

Educational Institution \_\_\_\_\_

Name of Program \_\_\_\_\_

Current Year in Program \_\_\_\_\_ Total Years in Program \_\_\_\_\_

## Personal Information

Name \_\_\_\_\_ Student Number \_\_\_\_\_

Email Address \_\_\_\_\_ SIN Number \_\_\_\_\_

Affiliated First Nation \_\_\_\_\_

Female

Male

## Current Address Information

Street \_\_\_\_\_ Apartment \_\_\_\_\_

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

Telephone \_\_\_\_\_

## Permanent Address Information (if different than Current Address)

Street \_\_\_\_\_ Apartment \_\_\_\_\_

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

Telephone \_\_\_\_\_

## Academic Achievements

Provide information on your scholarships, awards, certificates of merit, special appointments, recognition, etc., that you have received. Please attach additional sheets as required.

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## Extra-Curricular Activities

Provide information to indicate participation in extra-curricular activities (school or community) that you consider to be significant (e.g. participation in student governments, memberships in clubs and organizations, volunteer experiences, leadership roles, sport activities, hobbies, artistic interest, etc.) Please attach additional sheets as required.

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## Essay

Provide a two-page essay outlining your qualifications for this scholarship.

### This application must be accompanied by:

- Two** letters of reference from Native community leaders
- Transcript** of secondary school grades
- Transcript** of (post-secondary) nursing grades to-date
- Two-page essay** outlining your qualifications for this scholarship

# Applicant's Consent to Release Information

This confidential information will assist the Cambrian College Awards Selection Committee in determining the applicant's financial need.

I hereby authorize the Cambrian College Awards Selection Committee to have access to my OSAP information for the purpose of award selection.

I hereby declare that the information I have submitted in this form is true and correct to the best of my knowledge. Completion of this signed form permits the Awards Officer or a designate to access transcript information and to permit members of the Award Selection Committees to view transcripts when required.

In accordance with section 42 (b) and 42 (c) of the Freedom of Information and Protection of Privacy Act outlined below, the undersigned authorizes the use of personal information, comments and photographs by Cambrian College for promotional/marketing purposes.

**Section 42:**

An institution shall not disclose personal information in its custody or under its control except:

(b) where the person to whom the information relates has identified that information in particular and consented to its disclosure

(c) for the purpose for which it was obtained or compiled for a consistent purpose.

This information is collected under the legal authority of the Ministry of Colleges and Universities Act, R.S.O. 1990, c.M.19.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (print)

\_\_\_\_\_  
Date

**Please send the completed application and all documents required to:**

Cambrian Foundation  
1400 Barrydowne Rd.  
Sudbury, ON  
P3A 3V8

**Deadline:** October 16, 2009

**For addition information, please contact the Cambrian Foundation at (705) 673-2900.**