



# High-Tech Class of '74 Reunion Bursary



## Application Form

Deadline: April 30

Submit Applications to: Guidance Office, Sudbury Secondary School

### PERSONAL INFORMATION

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Area Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

### CAMBRIAN COLLEGE INFORMATION

Cambrian College Student Number (if known): \_\_\_\_\_

Proposed Program of Study at Cambrian College: \_\_\_\_\_

Career Goals: \_\_\_\_\_

### PLEASE PROVIDE (ON A SEPARATE PAGE) ADDITIONAL INFORMATION AS TO WHY YOU FEEL YOU ARE DESERVING OF THIS AWARD. PLEASE CONSIDER THE FOLLOWING:

- Achievements (academic and personal); and
- Co-curricular activities, leadership abilities and community service (Initiatives taken within your high school or community. Include volunteer work, associations and organizations to which you belong.)

### APPLICANT'S DECLARATION

I hereby declare that the information I have submitted in this Entrance Scholarship Application Form is true and correct to the best of my knowledge. Completion of this signed application permits the Awards Office or designate to access transcript information and to permit members of the awards selection committees to view transcripts when required. I also understand that **1)** all information provided with this application is subject to verification by Cambrian College, and **2)** the first use of any scholarship awarded to me shall be to pay tuition and/or residence fees to the College. Furthermore, should I be granted an award, I agree to the release of my name, city of residence, faculty/program and photograph for publicity purposes.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date



**NOMINATOR'S INFORMATION**

This section is to be completed by the nominating faculty member at Sudbury Secondary School

Name of Nominator:

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Courses Taught (if applicable):

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Sudbury Secondary School  
85 Mackenzie Street  
Sudbury, Ontario P3C 4Y2

Phone:

Fax:

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Nominator's Signature

Date

**PLEASE PROVIDE A LETTER OF REFERENCE DETAILING WHY YOU FEEL  
THIS STUDENT IS DESERVING OF THIS AWARD**

Successful Applicants Will Be Informed in Writing

**OFFICE USE ONLY**

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Date