

## Post Secondary Study Scholarship Program for Society Members

### Application Form

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Please indicate your membership category:

- Single member
- Family Member
- Grandchild of the following member: \_\_\_\_\_

Name of High School \_\_\_\_\_

Mailing Address \_\_\_\_\_ Postal Code \_\_\_\_\_

Expected graduation date \_\_\_\_\_

Transcripts (unofficial)

- Attached
- To follow (attach transcripts for last semester completed)

Name of referee \_\_\_\_\_ (enclose letter)

Indicate the post-secondary institution which you will be attending in September, and the program in which you plan to enroll.

Post-secondary institution \_\_\_\_\_

Program \_\_\_\_\_

#### **Mail to**

Charitable Irish Society of Halifax  
PO Box 31244  
Halifax, NS B3K 5Y1

**Completed applications, including all support documents, must be received no later than April 15, 2018.**