



**Charitable Irish Society**

**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 referee's letter)

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

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

Program \_\_\_\_\_

**Mail to**

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

***Please note: Completed applications, including all supporting documents, must be received no later than April 15.***