



**TEACHERS' UNION SCHOLARSHIPS – seccl.weebly.com/awards
FOR RETURNING STUDENTS ONLY
APPLICATION FORM**

NAME:	_____
STUDENT NUMBER:	_____
YOUR PROGRAM	_____
LOCAL ADDRESS:	_____
LOCAL POSTAL CODE:	_____
PHONE NUMBER:	_____
EMAIL ADDRESS:	_____
HOME ADDRESS:	_____
HOME POSTAL CODE:	_____

Your application must include:

- A completed copy of **this** form.
- Two completed reference forms (instructions on the next page).

The Scholarship Committee is interested in encouraging students who:

- **Are involved in their community** OR
- Have shown a **high level of academic achievement** OR
- Have to **overcome particular difficulties** to attend college - physical, cultural, financial or other.

SOURCES OF FINANCIAL SUPPORT:

Parent(s) or guardian(s)
Loans and/or bursaries
Summer work
Employment during school year
Other (please specify): _____

WHY DO YOU CONSIDER YOURSELF A SUITABLY QUALIFIED CANDIDATE FOR THE AWARD?

Please tell us why we should choose you as a recipient for an award. Please include in your description which of the three criteria is (are) relevant to you.

(You can write your answer to this question on a separate sheet if you prefer)

I am involved in the community

I have shown a high level of academic achievement

I have to overcome particular difficulties to attend college (specify).

EMPLOYMENT DURING THE PAST YEAR:

Check if none or list your jobs below:

REFERENCES: List below the names, addresses and phone numbers of two people who have agreed to be references on your behalf. **At least one of them must be from outside the college** (excluding, whenever possible, relatives and partners), and **both must complete a reference form**. Give one reference form to each person; it would be wise to allow at least two weeks for them to respond. They should send the forms **themselves** by email or to the address indicated on the reference form by the deadline below.

	First reference [NOT from the College]	Second reference
Name:		
Address:		
Phone number:		

**THIS APPLICATION AND REFERENCE FORMS
MUST BE SUBMITTED BY MAY 22 TO:**

SECCL SCHOLARSHIPS COORDINATOR
Champlain Regional College
2580, College Street, Sherbrooke, QC J1M 2K3
or by email: seccl@crcmail.net

PLEASE PRINT AND SIGN BELOW!

ACCESS TO STUDENT ACADEMIC RECORDS

I understand that the committee will access my academic records to evaluate my application, and I give my permission for these records to be photocopied for the Committee's exclusive use.

Signature:

Date:

FINAL CHECKLIST. DID YOU:

- Find TWO references, at least ONE from OUTSIDE the College?
- Send each of them a copy of the reference form (download from seccl.weebly.com/awards)?
- Fill in, print and SIGN your application form (this one)?
Submit your application form before the deadline above?