

RAYMOND A. LECLAIR
SCHOLARSHIP APPLICATION

Please print in ink. All sections must be completed. Failure to complete all sections could result in disqualification of your application. Following the Coquitlam Foundation Selection Committee and Board Meetings, you will receive an email or a letter to tell you if you have been selected. If you have questions, these may be directed to the Grants Committee Chair at 604 468 9598 or email lawson@coquitlamfoundation.com.

PERSONAL INFORMATION

Last Name:

First Name: Female Male

Full Address:

Phone Number:

Email address:

How long have you resided in Coquitlam? 1 year 2 years or more

Please indicate if you are a: Canadian citizen Landed Immigrant

For this coming year, please indicate which you will pursue: Part-time studies Full-time studies

Your intended program of study (indicate full-time or part-time):

What is your career goal?

RAYMOND A. LECLAIR MEMORIAL SCHOLARSHIP

Which high school are you currently attending, or which did you graduate from?
Please also provide your student number if available.

Give a full description of your current and past participation in community activities (attach a separate sheet if necessary):

Give a full description of your current and past participation in student affairs (attach a separate sheet if necessary):

FINANCIAL INFORMATION

The R. A. LeClair Scholarship is granted to a student who is proceeding with post-secondary studies which lead to a career in the public service. The scholarship is intended to assist a student in financial need. To aid the selection committee, please provide us with the information requested below. All information you provide is kept in confidence.

If there are any special circumstances that make it necessary for you to apply for a scholarship, please comment:

RAYMOND A. LECLAIR MEMORIAL SCHOLARSHIP

Will you be studying full-time or part-time?

If you are/will be enrolled less than full-time, do you have a part-time job? Yes No

If you are not working part-time, but will be taking a part-time study program, please give your reason(s).

I will also be applying for a Coquitlam Foundation bursary Yes No

I have applied to other organizations for scholarships or bursaries Yes No

I have already been granted another scholarship or bursary Yes No

Please provide details below re: any pending applications or support already received for the coming year:

Applied to (name of organization)	For (amount)	Received funds from:	Amount

Please be sure to attach to this application:

1. a letter of application, including a statement outlining why you feel you merit this award;
2. this application form completed in its entirety (**incomplete applications may be disqualified**);
3. your resume;
4. a copy of appropriate school transcript(s);
5. two letters of reference which address your ability to complete the course of studies you have proposed (reference letters may come from a teacher, employer, community member, etc).

If you have questions regarding this application, please email llawson@coquitlamfoundation.com

WE PREFER THAT YOU MAIL YOUR APPLICATION TO:

**Coquitlam Foundation, Grants Committee Chair
PO Box 2, 1207 Pinetree Way, Coquitlam, BC, V3B 7Y3**

Under exceptional circumstances, an application may also be submitted electronically, but the original document should also be mailed & postmarked that same day. If you hope to send your application electronically, you must first contact llawson@coquitlamfoundation.com to arrange prior permission for an electronic copy to be accepted!

DECLARATION:

I hereby declare that the information given on this application is, to the best of my knowledge, correct and that I have read and understood the directions at the beginning of this application. I authorize the Coquitlam Foundation to verify any or all of the above statements if deemed necessary.

I understand that:

1. My application will be reviewed by the Coquitlam Foundation selection committee and that any scholarship to be granted to me must first be approved by the Board of Directors.
2. Verification of information contained in this application may be required.
3. Consultation with the educational institution I am currently, or have recently attended, may take place.

Signature of Student

Date Signed (DD/MM/YYYY)