



THE PORT WILLIAMS JAM SCHOLASTIC AWARD

Acadia ID#:

PLEASE RETURN THIS FORM TO:

Mr. Lewis Benedict
Village Commission Chairman
Village of Port Williams
P.O. Box 153
Port Williams, NS B0P 1T0

The Port Williams JAM Scholastic Award is available annually to an entering Canadian citizen who has been a resident in the village of Port Williams for at least five years. The recipient will have a minimum academic performance of 75 per cent in Grades 11 and 12, will be able to demonstrate financial need, and has made a positive contribution to community life and church affairs. Approximate value: \$1500.00. **Deadline: May 31st.**

PART I: PERSONAL INFORMATION

Title: First Name: Last Name:

Local Phone Number: Email:

Province of Residency: I am a resident of Port Williams, NS

I am a Citizen or permanent resident of Canada: Grade 11 Average:

Number of years residing in Port Williams: Grade 12 Average:

I have included a copy of my high school transcript with my application package:

PART II: STATEMENT OF CAREER PLANS

Tell us about your career plans. Limit 700 characters.

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PART III: COMMUNITY/CHURCH SERVICE AND CONTRIBUTIONS

Activity	Year(s)
1. <input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>
5. <input type="text"/>	<input type="text"/>

PART V: FINANCIAL RESOURCES

Please indicate financial resources for the upcoming academic year at Acadia University (September to April).

Family Contribution: <input type="text"/>	Scholarships/Bursaries: <input type="text"/>	Student Loans: <input type="text"/>
Student Contribution: <input type="text"/>	Education Fund: <input type="text"/>	Other: <input type="text"/>
Total Resources:		<input type="text"/>

PART VI: REFEREES

Please provide the names, phone number and complete mailing address of two references.

Name <input type="text"/>	Name <input type="text"/>
Address <input type="text"/>	Address <input type="text"/>
City <input type="text"/>	City <input type="text"/>
Phone Number <input type="text"/>	Phone Number <input type="text"/>
Province <input type="text"/> Postal Code <input type="text"/>	Province <input type="text"/> Postal Code <input type="text"/>

PART VII: APPLICANT'S DECLARATION AND AUTHORIZATION:

I declare that, to the best of my knowledge, the information provided is an accurate statement of my activities and involvement. I agree to provide any necessary documentation as requested by the Awards Committee or Acadia University. I understand that providing false information will result in my application being rejected. Submission of this application does not guarantee funding. All applications are considered on an individual basis. Students will be notified accordingly.

Applicant Signature:

Date

I agree I do not agree