

## SCHOLARSHIP PROGRAM APPLICATION 2020

Full name \_\_\_\_\_ Age \_\_\_\_\_

Permanent home address \_\_\_\_\_

street, city, postal code

Mailing address if different \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Secondary School graduated from \_\_\_\_\_ year \_\_\_\_\_

### ELIGIBILITY REQUIREMENTS

1. Canadian Citizen  or Permanent Resident Status

2. B.C. Resident since \_\_\_\_\_

3. Claim Finnish descent from: \_\_\_\_\_

Name and relationship

*In your cover letter, explain in more detail your Finnish descent, your relationship to Finland, and your current exposure to Finnish culture.*

4. Scholastic eligibility

Name of post-secondary school \_\_\_\_\_

Program of study and level \_\_\_\_\_

### I AM APPLYING FOR THE:

**1. Finland House Society Scholarship, based on scholastic achievement**

CGPA Average (from last available transcript) \_\_\_\_\_

**2. Melva Leppa Memorial Bursary, based on financial need**

a. Current personal income and available resources \$ \_\_\_\_\_

b. Other scholarships and bursaries, total \$ \_\_\_\_\_

c. Estimate of expenses for next semester/year \$ \_\_\_\_\_

*On a separate sheet, please provide a brief description of resources, a list of any other awards, and a description of expenses.*

3. Are you a previous FHS scholarship recipient? Yes  Year \_\_\_\_\_ No

**REFERENCES** Two names with email addresses required, at least one academic

1. \_\_\_\_\_
2. \_\_\_\_\_

**ATTACHMENTS**

1. Cover Letter
2. Scanned copy of last available transcript
3. Proof of admission to an accredited post-secondary institution in 2020-2021

**DECLARATION / DISCLOSURE**

An applicant's personal information will not be collected, used or disclosed in any other way than what is necessary for the purpose of determining suitability for the scholarship and/or bursary.

I declare that the information provided on this application is complete, accurate, and truthful to the best of my knowledge.

I understand that any information disclosed in this application is subject to verification including a request to share further documentation and supporting information.

**AUTHORIZATION TO RELEASE INFORMATION**

By submitting this application, I give consent to have my name and program of study used to promote the FHS Scholarship program in print and social media.

This application is submitted by \_\_\_\_\_ on \_\_\_\_\_  
dd/mm/yyyy

**Compile the form and the attachments into a single PDF. Save application for your records.**

**Submit your application to [awards.fhs@gmail.com](mailto:awards.fhs@gmail.com)**