



Applicant Name: \_\_\_\_\_

WORK EXPERIENCE	Describe your work experience. Indicate dates of employment for each job and approximate number of hours worked each week.			
	Employer/Position	From Month/year	To Month/Year	Hours/week
GOALS and ASPIRATIONS	Make a brief statement indicating how your educational objective will contribute to a career in the right of way profession. (Minimum 250 words and maximum of 500 words (provide word count). Please use additional paper if required.			
IRWA Chapter Member Recommendation	Member Name: _____ Membership No. _____ <i>(please print)</i> Member's signature _____			
Important Information	<p>Applicants can send their application in an electronic .pdf format to jack_carello@cpr.ca OR submit 1 signed original application via mail. All materials must be received by the Ontario Chapter 29 Nominations and Elections Committee no later than <b>April 12<sup>th</sup>, 2019</b> as verified by the postage date.</p> <p>Please forward applications and supporting documents to:</p> <p>Jack Carello SR/WA Chair Nominations and Elections c/o Canadian Pacific 1290 Central Parkway West, Suite 800 Mississauga, ON L5C 4R3</p>			

I hereby apply for the IRWA Ontario Chapter 29 Scholarship and agree that if selected as the recipient I will comply with all terms and conditions concerning its use. I further agree that if selected as the recipient I will allow IRWA Ontario Chapter 29 to publish my name in its literature and press releases along with a photo and bio. I hereby certify that all information in this application is correct and true to the best of my knowledge and belief and that I have not previously been a recipient of this scholarship.

Signature of Applicant: \_\_\_\_\_ Date \_\_\_\_\_

Applicant Name: \_\_\_\_\_

<b>APPLICANT ASSESSMENT</b>	This section is required and <u>must be completed in the format provided</u> . This section is to be completed by a secondary school counselor or advisor, an instructor, or a work supervisor who know you well.  To the Assessor: You have been asked to provide information in support of this application. Please give thought to the statements. When complete, please return to the applicant in a sealed envelope.
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The applicant's achievements reflect his/her ability	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's ability to set realistic and attainable goals is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The quality of the applicant's commitment to school and/or community is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor
The applicant is able to seek, find, and use learning resources	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates curiosity and initiative	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant demonstrates good problem-solving skills, follows through and completes tasks	<input type="checkbox"/> Extremely well	<input type="checkbox"/> Very well	<input type="checkbox"/> Moderately well	<input type="checkbox"/> Not well
The applicant's respect for self and others is	<input type="checkbox"/> Excellent	<input type="checkbox"/> Good	<input type="checkbox"/> Fair	<input type="checkbox"/> Poor

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Assessor's Name \_\_\_\_\_ Title \_\_\_\_\_ Telephone(\_\_\_\_\_) \_\_\_\_\_  
Signature \_\_\_\_\_ Organization \_\_\_\_\_ Date \_\_\_\_\_