



INTERNATIONAL RIGHT OF WAY ASSOCIATION Ontario Chapter 29 High School Scholarship

Official Application

This scholarship is open to graduating high school students residing in the Province of Ontario and who are entering a full time course of study in any of the various fields impacting the right of way profession. The amount of the scholarship is \$2,000.00 which can be awarded to 1 successful applicant or, in the event there is more than one suitable applicant, the award may be split evenly. Areas of study may include (but not limited to) land or property management, law, surveying, engineering, planning, real property, real property appraisal, public administration or environmental studies.

PLEASE TYPE OR PRINT CLEARLY

Form with sections: APPLICANT INFORMATION, SECONDARY SCHOOL DATA, ACADEMIC REQUIREMENTS, POST SECONDARY SCHOOL DATA, ACTIVITIES and AWARDS. Includes a table for listing activities.

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 |
|                                    |  |                 |               |            |
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|                                    |  |                 |               |            |
| 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. _____<br><i>(please print)</i>   |                 |               |            |
|                                    | Member's signature _____   |                 |               |            |
| Important Information              | <p>Applicants can send their application in an electronic .pdf format to sheryl.badin@mississauga.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 24<sup>th</sup>, 2020</b> as verified by the postage date.</p> <p>Please forward applications and supporting documents to:</p> <p>Sheryl Badin SR/WA<br/>Chair Nominations and Elections<br/>c/o City of Mississauga<br/>Corporate Services Department<br/>Facilities and Property Management<br/>300 City Centre Drive<br/>Mississauga, ON L5B 3C1</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: \_\_\_\_\_

|  |  |  |                                    |  |                                   |                                    |                               |                               |                               |                                    |                               |                               |                               |   |                                    |  |                                   |   |                                    |  |                                   |                                    |                               |                               |                               |
|--|--|--|------------------------------------|--|-----------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|---|------------------------------------|--|-----------------------------------|---|------------------------------------|--|-----------------------------------|------------------------------------|-------------------------------|-------------------------------|-------------------------------|
| APPLICANT ASSESSMENT   | <p>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.</p> <p>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.</p>  |  |                                    |  |                                   |                                    |                               |                               |                               |                                    |                               |                               |                               |   |                                    |  |                                   |   |                                    |  |                                   |                                    |                               |                               |                               |
| The applicant's achievements reflect his/her ability<br>The applicant's ability to set realistic and attainable goals is<br>The quality of the applicant's commitment to school and/or community is<br>The applicant is able to seek, find, and use learning resources<br>The applicant demonstrates curiosity and initiative<br>The applicant demonstrates good problem-solving skills, follows through and completes tasks<br>The applicant's respect for self and others is | <table><tr><td><input type="checkbox"/> Extremely well</td><td><input type="checkbox"/> Very well</td><td><input type="checkbox"/> Moderately well</td><td><input type="checkbox"/> Not well</td></tr><tr><td><input type="checkbox"/> Excellent</td><td><input type="checkbox"/> Good</td><td><input type="checkbox"/> Fair</td><td><input type="checkbox"/> Poor</td></tr><tr><td><input type="checkbox"/> Excellent</td><td><input type="checkbox"/> Good</td><td><input type="checkbox"/> Fair</td><td><input type="checkbox"/> Poor</td></tr><tr><td><input type="checkbox"/> Extremely well</td><td><input type="checkbox"/> Very well</td><td><input type="checkbox"/> Moderately well</td><td><input type="checkbox"/> Not well</td></tr><tr><td><input type="checkbox"/> Extremely well</td><td><input type="checkbox"/> Very well</td><td><input type="checkbox"/> Moderately well</td><td><input type="checkbox"/> Not well</td></tr><tr><td><input type="checkbox"/> Excellent</td><td><input type="checkbox"/> Good</td><td><input type="checkbox"/> Fair</td><td><input type="checkbox"/> Poor</td></tr></table> | <input type="checkbox"/> Extremely well  | <input type="checkbox"/> Very well | <input type="checkbox"/> Moderately well | <input type="checkbox"/> Not well | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor | <input type="checkbox"/> Extremely well | <input type="checkbox"/> Very well | <input type="checkbox"/> Moderately well | <input type="checkbox"/> Not well | <input type="checkbox"/> Extremely well | <input type="checkbox"/> Very well | <input type="checkbox"/> Moderately well | <input type="checkbox"/> Not well | <input type="checkbox"/> Excellent | <input type="checkbox"/> Good | <input type="checkbox"/> Fair | <input type="checkbox"/> Poor |
| <input type="checkbox"/> Extremely well  | <input type="checkbox"/> Very well   | <input type="checkbox"/> Moderately well | <input type="checkbox"/> Not well  |  |                                   |                                    |                               |                               |                               |                                    |                               |                               |                               |   |                                    |  |                                   |   |                                    |  |                                   |                                    |                               |                               |                               |
| <input type="checkbox"/> Excellent   | <input type="checkbox"/> Good  | <input type="checkbox"/> Fair            | <input type="checkbox"/> Poor      |  |                                   |                                    |                               |                               |                               |                                    |                               |                               |                               |   |                                    |  |                                   |   |                                    |  |                                   |                                    |                               |                               |                               |
| <input type="checkbox"/> Excellent   | <input type="checkbox"/> Good  | <input type="checkbox"/> Fair            | <input type="checkbox"/> Poor      |  |                                   |                                    |                               |                               |                               |                                    |                               |                               |                               |   |                                    |  |                                   |   |                                    |  |                                   |                                    |                               |                               |                               |
| <input type="checkbox"/> Extremely well  | <input type="checkbox"/> Very well   | <input type="checkbox"/> Moderately well | <input type="checkbox"/> Not well  |  |                                   |                                    |                               |                               |                               |                                    |                               |                               |                               |   |                                    |  |                                   |   |                                    |  |                                   |                                    |                               |                               |                               |
| <input type="checkbox"/> Extremely well  | <input type="checkbox"/> Very well   | <input type="checkbox"/> Moderately well | <input type="checkbox"/> Not well  |  |                                   |                                    |                               |                               |                               |                                    |                               |                               |                               |   |                                    |  |                                   |   |                                    |  |                                   |                                    |                               |                               |                               |
| <input type="checkbox"/> Excellent   | <input type="checkbox"/> Good  | <input type="checkbox"/> Fair            | <input type="checkbox"/> Poor      |  |                                   |                                    |                               |                               |                               |                                    |                               |                               |                               |   |                                    |  |                                   |   |                                    |  |                                   |                                    |                               |                               |                               |
| Comments: _____<br>_____<br>_____<br>_____   |  |  |                                    |  |                                   |                                    |                               |                               |                               |                                    |                               |                               |                               |   |                                    |  |                                   |   |                                    |  |                                   |                                    |                               |                               |                               |
| Assessor's Name _____ Title _____ Telephone(_____) _____<br>Signature _____ Organization _____ Date _____  |  |  |                                    |  |                                   |                                    |                               |                               |                               |                                    |                               |                               |                               |   |                                    |  |                                   |   |                                    |  |                                   |                                    |                               |                               |                               |