

## 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 **APPLICANT** Middle Initial\_\_\_\_\_ First INFORMATION Mailing Address \_\_\_\_\_ Apartment #\_\_\_\_ Province Postal Code Telephone (\_\_\_\_\_\_\_ E-mail \_\_\_\_\_\_ Social Insurance Number \_\_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_Year \_\_\_\_\_ **SECONDARY** Completion Date: Month\_\_\_\_\_ Year\_\_\_ **SCHOOL** School Name\_\_\_\_ DATA \_\_\_\_\_ Province\_\_\_\_\_\_ Telephone (\_\_\_\_\_)\_\_\_ ACADEMIC A minimum of a 75% average (B+) is required to be considered for this scholarship. All applicants must include a copy of their REQUIREMENTS secondary school transcript of grades to date that includes grades/marks for all education courses completed in the past three Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have POST **SECONDARY** applied.) Please use official school names. SCHOOL DATA City Province Country Major or course of study: \_\_\_\_ Expected Completion Date?: Month\_\_\_\_\_\_Year\_\_\_\_\_ Degree sought: Bachelor Certificate Other \_\_\_ **ACTIVITIES** List all school and extracurricular activities in which you have participated (e.g. clubs, music, sports etc.). List all volunteer work and and AWARDS special awards. Activity # of years To Month/Year Hours/week

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 co 250 words and maximum of 500 words (provide word count). Please us			TOSOTI. (WITHINGTH			
IRWA Chapter							
Member Recommendation	Member Name:	Membership No					
1.000mmonuation	(please print)						
	Member's signature						
Important Information	Applicants can send their application in an electronic .pdf format to she the Ontario Chapter 29 Nominations and Elections Committee no later			ust be received by			
	Please forward applications and supporting documents to:						
	Sheryl Badin SR/WA						
	Chair, Nominations and Elections						
	Via email to: sheryl.badin@mississauga.ca						
	siici yi.bauiii@iilississauga.ca						

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:								Pg. 3 of 3
APPLICANT ASSESSMENT								
The applicant's achie	evements reflect his/her ability		Extremely well		Very well		Moderately well	Not well
The applicant's abilit	ry to set realistic and attainable goals is		Excellent		Good		Fair	Poor
The quality of the ap	plicant's commitment to school and/or community is		Excellent		Good		Fair	Poor
The applicant is able	to seek, find, and use learning resources		Extremely well		Very well		Moderately well	Not well
The applicant demor	nstrates curiosity and initiative		Extremely well		Very well		Moderately well	Not well
The applicant demor	nstrates good problem-solving skills, follows through		Extremely well		Very well		Moderately well	Not well
The applicant's response	ect for self and others is		Excellent		Good		Fair	Poor
Comments:								
Assessor's Name		Titl	e		T	elepho	one()	

Signature\_\_\_\_\_\_ Organization\_\_\_\_\_\_ Date \_\_\_\_\_