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<u>MEMORIAL UNIVERSITY ENTRANCE SCHOLARSHIP</u> <u>APPLICATION FORM</u>

The Swimming Newfoundland and Labrador Entrance Scholarship, valued at \$1,000.00 annually, is available to a first year student who will attend Memorial University of Newfoundland and be a member of the Memorial University of Newfoundland Seahawks Varsity Swim Team. The scholarship recipient will have been a competitive swimmer in the Province of Newfoundland and Labrador for a minimum of three years and be a swimmer in good standing with Swimming Newfoundland and Labrador. This scholarship will be awarded on the basis of scholarship standing (final admission average of 75%), however, in deciding on candidates of equal academic standing, financial need may be used as a determining factor.

DEADLINE FOR APPLICATIONS: September 11, 2017.

Please send to Swimming Newfoundland and Labrador c/o the above address.

SECTION A: PERSONAL INFORMATION FULL NAME: ADDRESS: Email: PHONE: STUDENT # NAME OF HIGH SCHOOL ATTENDED: GRADUATION DATE:

MEMORIAL UNIVERSITY PROGRAM OF STUDIES: _____

SECTION B: ELIGIBILITY

To be eligible for this scholarship, you must be a registered competitive varsity swimmer <u>in good standing</u> with Swimming Newfoundland and Labrador and have competed in the province for at least three years. <u>Please complete the following best events table</u>. Times used must have been attained within the <u>last eighteen months</u> and FINA Points Charts will be used to rank applicants prior to forwarding applications to the University Senate Committee on Undergraduate Scholarships and Financial Aid. <u>Be sure to include proof of times with your application.</u> Point rankings will be the deciding factor in the case of academic standing similarities between candidates.

Best S.C. Events	Time	FINA Pts	Name Meet Time Attained	Best L.C. Events	Time	FINA PTS	Name Meet Time Attained
1.				1.			
2.				2.			

PLEASE PROVIDE YOUR FINAL LEVEL 3 REPORT CARD FOR REVIEW AS PARTIAL REQUIREMENT FOR THE SWIMMING NEWFOUNDLAND AND LABRADOR ENTRANCE SCHOLARSHIP.

Students Name-Last/First/Middle/Gender	Principal's Name
Telephone #:	Email:
MCP # and Date of Birth	School and Telephone #
Student's Complete Mailing Address	Principal's Complete Mailing Address
SIGNATURE:(Student)	DATE: