

JAKE WEITZ MEMORIAL SCHOLARSHIP APPLICATION



Full Legal Name (First, Middle, Last):

Address (physical address, and PO Box #):

Town/City:

Province:

Postal Code:

Email:

Country:

ACADEMIC DETAILS

College/University:

Semester/Term/Year:

List English, Math, Physic/Science and Related CTS Courses:

1. Have you received or applied for this scholarship previously? Yes / No
If yes, when
2. Do you meet the minimum eligibility requirements listed in the Scholarship Description & Eligibility? Yes / No
3. Are you a Canadian Citizen or permanent resident? Yes / No
4. Should you receive this scholarship, do you agree to have your name posted publicly and to the school presentation announcement/awards ceremony for receipt the scholarship certificate? Yes / No
5. As of today, have you applied or received other scholarships? Yes / No
If yes, which scholarships?
If no, why not?
6. Are you receiving financial aid or support for the upcoming semester?
If no, why not?
7. Are you currently employed? Yes / No

Please submit your completed application to jakeweitzmemorial@gmail.com

(include YEAR NAME in the subject box and attach:

>Proof of enrollment or date when registration at your College/University opens and course dates/details

>Official High School Transcript

>Birth certificate or proof of residency if not Canadian citizen

>2-3minute video