

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. Each applicant must be recommended by an IRWA Chapter 29 member (students applying are not required to be a relative of the member). 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 INFORMATION | Last Name | First | | | | | |
|----------------------------------|--|-----------------------|------------------|------------|--|--|--|
| | Mailing Address Apar | | | partment # | | | |
| | City Province | stal Code | | | | | |
| | Telephone ()E-mail | | | | | | |
| | Social Insurance Number | Date of Birth: Month_ | Day | _Year | | | |
| SECONDARY SCHOOL DATA | School Name | Completion Date | e: Month | Year | | | |
| | City Province | Telephone (| _) | | | | |
| ACADEMIC REQUIREMENTS | A minimum of a 75% average (B+) is required to be considered for this scholarship. All applicants must include a copy of their secondary school transcript of grades to date that includes grades/marks for all education courses completed in the past three academic years. | | | | | | |
| POST SECONDARY SCHOOL DATA | Name of post-secondary school you plan to attend. (If unknown, please list in order of preference the schools to which you have applied.) Please use official school names. | | | | | | |
| | City_ | Province | Co | untry | | | |
| | Major or course of study: | Expected Completi | ion Date?: Month | Year | | | |
| | Degree sought: Bachelor Certificate Other | | | | | | |
| ACTIVITIES and AWARDS | List all school and extracurricular activities in which you have participated (e.g. clubs, music, sports etc.). List all volunteer work and special awards. | | | | | | |
| | Activity | # of years | To Month/Year | Hours/week | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | 1 1 | | 1 | | | | |

Applicant Name: _____

Pg. 2 of 3

| 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 | I ontribute to a career in se additional paper if | L n the right of way pro required. | ofession. (Minimum | | | | |
| IRWA Chapter Member Recommendation | Member Name: | _ Membership No | | | | | | |
| Important Information | Member's signature | <u>yhan.dicosimo@hydro</u> rio Chapter 29 Nomir | oone.com cc nations and Election | s Committee no | | | | |

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______ Date______

Applicant Name: ____

| APPLICANT This section is required and <u>must be completed in the format provided</u> . This section is to be completed by a secondary school | | | | | | | | | |
|--|--|----------------|----------------|----|--------------|--|-----------------|--|----------|
| ASSESSMENT | 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. | | | | | | | | |
| | | t in u | | | | | | | |
| The applicant's achievements reflect his/her ability | | | Extremely well | | Very well | | Moderately well | | Not well |
| The applicant's ability to set realistic and attainable goals is | | | Excellent | | Good | | Fair | | Poor |
| The quality of the applicant'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 demon | strates curiosity and initiative | | Extremely well | | Very well | | Moderately well | | Not well |
| The applicant demonstrates good problem-solving skills, follows through and completes tasks | | | Extremely well | | Very well | | Moderately well | | Not well |
| The applicant's respect for self and others is | | | Excellent | | Good | | Fair | | Poor |
| | | | | | | | | | |
| Comments: | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | T :0 | | | | | | | |
| Assessor's Name | | _ I Itie | | le | _Telephone() | | | | |
| Signature | | _ Organization | | | Date | | | | |