



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 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. _____ <i>(please print)</i> Member's signature _____			
Important Information	Applicants can send their application in an electronic .pdf format to <a href="mailto:meghan.dicosimo@hydroone.com">meghan.dicosimo@hydroone.com</a> cc <a href="mailto:righton@irwachapter29.org">righton@irwachapter29.org</a> All materials must be received by the Ontario Chapter 29 Nominations and Elections Committee no later than <b>Time: 23:59 March 31st, 2025</b> .			

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 \_\_\_\_\_

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