

## **Matthew Palmer Scholarship Fund**

29 Valleyview Drive, Wards Creek  
New Brunswick, E4E 4P5

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### **Matthew Palmer Scholarship Fund**

The following conditions and regulations will be considered in selecting the winners of this award. In 2020, there will be two (2) Matthew Palmer Scholarships awarded at a value of \$1000 each.

**The Matthew Palmer Scholarship Applicant must be a current graduating student of Sussex Regional High School who:**

- shows academic achievement
- has overcome a struggle or diversity in their lives
- demonstrates socially responsible behavior
- plans to attend a fully accredited post-secondary institution in the fall of 2020.

**You must include the following information with your application:**

1. Acceptance letter or conditional acceptance letter from post-secondary institution
2. Copy of your latest transcript (Spring) with Grade 11 & 12 marks – Which could come from Guidance in the form of the latest Look up.
3. Letter of recommendation.

It is the responsibility of the Applicant to meet all deadlines. Application deadline is **June 1, 2020 at 4 pm.** Mail your application along with your **Spring Transcript and all other pertinent information** to the address on the Application Form.

The winners will be announced at S.R.H.S **Graduation Exercises or recipient will be contacted.**

The scholarship cheque will be forwarded to your university or college account once **proof of attendance** is received at the above address.

Please **ensure all pertinent information is enclosed** or the application will not be considered.

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**SCHOLARSHIP APPLICATION FORM 2020**

**1. NAME:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Last) (First) (Middle)

**2. ADDRESS:** \_\_\_\_\_

**2. TELEPHONE NO. (H):** \_\_\_\_\_

**3. EMAIL:** \_\_\_\_\_

**4. SOCIAL INSURANCE NUMBER (optional)** \_\_\_\_\_  
(Social Insurance Number necessary if awarded scholarship)

**5. PARENT(S) / GUARDIANS(S) NAME:** \_\_\_\_\_

**6. WHAT INSTITUTION WILL YOU BE ATTENDING THIS FALL?** \_\_\_\_\_

**7. WHAT ARE THE START AND END DATES OF YOUR PROGRAM?** START: \_\_\_\_\_ / \_\_\_\_\_ END: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year) (Month) (Year)

Number of years \_\_\_\_\_

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**8. PROGRAM NAME:** \_\_\_\_\_

**9. ARE YOU A CANADIAN CITIZEN: YES \_\_\_\_\_ NO \_\_\_\_\_**

**10. In your own words, describe something in your life that you have had to overcome or a diversity in your life.**

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I certify that the above questions have been answered truthfully to the best of my knowledge. **Use extra paper if needed to support your application.**

If you are successful, we have your permission to publish your picture. Yes \_\_\_ No \_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DEADLINE FOR APPLICATION: June 1, 2020  
(4PM). ADDRESS AT THE TOP OF FORM.**

**Please ensure all pertinent information is enclosed or the application will not be considered.**