Sussex Area Community Foundation



625 Main Street, Unit Y, Sussex, NB, E4E 7H5 (506)433-6244

Email: sacfi@nb.aibn.com Web: www.sacfi.org

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Sussex Area Community Foundation Scholarship Guidelines

The following conditions and regulations will be considered in selecting the winners of this award. In 2024, there will be five (5) Sussex Area Community Foundation Scholarships awarded at a value of \$2600.00 each.

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

- . shows academic achievement;
- . demonstrates socially responsible behaviour;
- . demonstrates a desire for self-improvement and
- . plans to attend a fully accredited post-secondary university or public college in the fall of 2024. (This must not be a private institution)

Consideration will be given to students:

. who may not otherwise be able to continue their education due to financial concerns.

You must include the following information with your application:

- Acceptance letter or conditional acceptance letter from post-secondary institution.
- Copy of your latest transcript (Spring) with Grade 11 & 12 marks (A transcript with all grade 11, all first semester final and midterm grade 12 marks.) Applications cannot be processed in the absence of these transcripts.
- 3. A letter(s) of recommendation.
- 4. Any supporting documentation you feel necessary.

It is the responsibility of the Applicant to meet all deadlines. Application deadline is <u>May 24, 2024 at 12pm</u>. Mail, email or drop off your application along with your <u>Spring Transcript and all other pertinent information</u> to the address on the Application Form.

The Scholarship Recipients will be announced at Sussex Regional High School **Graduation Exercises** in June 2024.

The scholarship will be forwarded to the recipient's university or college account once **proof of attendance** is received at SACFI office. (sacfi@nb.aibn.com)
All scholarships must be redeemed in the current calendar year.



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SCHOLARSHIP APPLICATION FORM 2024

ddress: Postal Code:			
MMI 633.		1 03.61 0006	7
elephone No.:	Email:		
esial Insurance Num	har/antianal).		
Social Insurance Numb	ber(optional): er necessary if awarded scho	larship)	
arent(s)/Guardian(s)	Name:		
What institution will yo	ou be attending this fall?		
What are the start and	end dates of your program?	2 Start· /	End:
viiat are the start and	end dates of your program:	Number of Yea	
rogram name:			
Please list school acti	vities you were involved witl	h while at SRH	S:
Name of Activity		Years Per Activity	
Please list community	activities you were involved	d with during h	iah school:
Organization	Type of Work/Volunteer	Hours Per	
		One Year	Activity
Vork Experience:			
	Type of Work/Title	Hours in	Years of
Vork Experience: Name of Company	Type of Work/Title	Hours in One Year	Years of Activity
	Type of Work/Title		
	Type of Work/Title		

SUSSEX AREA COMMUNITY FOUNDATION

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	NDATION
	Secondary school is expensive. Financial need will be a consideration. If you feel you have exceptional circumstances, please explain in a separate letter. Financial need may include: medical condition, parents or siblings with long-term medical condition, size of family, others in family attending post-secondary school, family hardship, from a single parent family, student has child(ren), school availability, etc. Are you a Canadian Citizen: YES NO
15.	If you are successful, you agree that your picture can be published: YES□ NO□
16.	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
Signat	ture: Date:
Deadl	ine for application May 24, 2024 (12pm).
consideration mailed applic	e ensure all pertinent information is enclosed or the application will not be dered. Applications and attachments can be dropped off at 625 Main Street, Unit Y, d to 625 Main Street, Unit Y, Sussex, NB, E4E 7H5 or emailed to sacfi@nb.aibn.com. All ations and supporting documents must be received before the deadline. (Please note ACF office is open by appointment.)
office	arship recipients are to forward the name of their school, the address of the financial and social insurance number to the Sussex Area Community Foundation before mber 13, 2024 in order to receive the scholarship.
	clist for Scholarship Application: Completed Scholarship Application Spring Transcript Acceptance (or Conditional Acceptance) Letter from post-secondary institution Letter of Reference
	Any Support Documentation you feel is necessary (letter of financial need)
NOTE	: All information provided is confidential and anonymous to the selection committee. All scholarships are to be redeemed in the current calendar year.

Ensure all documents are clear (photographs of documents lose readability)