



2010 ROSE NOLAN SCHOLARSHIP APPLICATION

APPLICATION DEADLINE JUNE 30, 2010

Please type or print clearly. Illegible or incomplete application will not be considered.

NAME _____ E-MAIL _____

FULL ADDRESS _____

POSTAL CODE _____

FIRST NATION _____

POST SECONDARY

Institution _____ Year of Study 1 __ 2 __ 3 __ 4 __

Title of Program _____ Year of Graduation _____

Please submit a one page essay explaining why you should receive a Rose Nolan Memorial Scholarship. This should include a description of your educational achievements, your career plans and your community involvement.

DECLARATION OF APPLICANT

I hereby declare that to the best of my knowledge, the information contained in this application is true and accurate. I hereby give the selection committee permission to verify any and all information contained in the entire application. I also understand that should my application be accepted, my name or likeness may be published.

Applicant's Signature _____ Date _____

Have you included? Official transcript ____ Recent Letter of reference(Academic) ____
Recent Letter of Reference(Community) ____ Copy of Status Card ____

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PLEASE MAIL COMPLETED APPLICATIONS TO: TED NOLAN FOUNDATION, Rose Nolan Scholarship Fund, 9 Sandhurst Ct., Brantford, Ontario N3R 7G4