



## REID FAMILY SCHOLARSHIP 2024

### Student Application Form

DEADLINE: 12:30 pm Friday, June 28, 2024

Please complete and/or qualify the following. Additional pages may be attached if needed. Email completed form to [jwhicks@osmh.on.ca](mailto:jwhicks@osmh.on.ca)

Applicants First Name	Applicants Last Name
Address	
Telephone Number	Email

A complete application consists of the following:

- This application form, fully completed and signed
- An essay by you, up to 500 words in length, describing why you are an ideal candidate for this scholarship
- Official Program Acceptance and references will be required from students that are short listed for the scholarship

Please be advised that the Scholarship Selection Committee may request that applicants fill out an O.S.A.P. financial application form, in part or in whole, during the final stages of its decision. A complete copy of this is available for your review at [www.osap.on.ca](http://www.osap.on.ca).

***I have read Orillia Soldiers' Memorial Hospital Foundation scholarship guidelines and make this application under the conditions stated. I authorize any information pertaining to the qualifications for the award held by, or to be held by my secondary institutions, to be released to the Scholarship Selection Committee.***

***I agree, if selected for a scholarship, to cooperate in the marketing and publicity of the program.***

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

**PLANNED FIELD OF STUDY:** \_\_\_\_\_

**CAREER ASPIRATIONS:**

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**POSTSECONDARY INSTITUTIONS YOU ARE CONSIDERING, IN ORDER OF PREFERENCE:**

Institution	Program Name	Program Length	Location

**HIGH SCHOOLS ATTENDED:**

School Name	City/Province	Years Attended	Expected Graduation Date

**COMMUNITY**

Volunteer work, group memberships, etc. Please include dates of involvement

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**LEADERSHIP ACTIVITIES**

Within your school or community. Please include dates of involvement

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**EMPLOYMENT/CO-OP EDUCATION**

List the jobs you have held including dates of employment

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**HOBBIES/INTERESTS**

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**FINANCIAL INFORMATION**

Names, full addresses and occupations of Parents or Guardians:

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The number of siblings you have that are pursuing a postsecondary education at the same time as you: \_\_\_\_\_

**The applicant lives with (circle one)**

both parents     father     mother     other

If other, please explain:

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**The applicant receives general financial support from (circle as many as apply)**

both parents     father     mother     other

If other, please explain:

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**Please complete the following table with your estimated costs and sources of funds for your first year of post-secondary education:**

	Dollar Value (\$)
Total amount required for tuition	
Residence fees, books, textbooks, etc.	
<b>TOTAL COSTS:</b>	
How much do you expect to contribute?	
How much do you expect to receive from OSAP/Canada Student Loans?	
How much money do you expect to receive from other sources (not including this scholarship)?	
How much money do you expect to receive from one or both parents or guardians?	
<b>TOTAL CONTRIBUTIONS:</b>	
<b>TOTAL REQUIRED:</b> <i>(Total Costs – Total Contributions)</i>	