

PATHFINDER SCHOLARSHIP APPLICATION FORM

Exhibit A1: Contact Information

Please fill in the identification table below.

Your Name	First:			Last:
Sex	Male:			Female:
Phone Number				
Email Address				
Date of Birth	Day:	Month:	year:	

Your Address	Number / Street	City / Province	Postal Code

School Name	

School Address	Number / Stree	et	City / Province	Postal Code
School Phone	•	()	·	·
Name of School P	rincipal			
School support let	tter from			
Community suppo	rt letter from			
Pathfinder Club & Affiliation	Church			
I am currently		Master guide Date Certified		1IT

Exhibit A2: Career Objectives

Type in your possible career objectives? If you have more than one, number them 1, 2 & 3.

Program of Study	Sample of possible careers	Career Objectives
Business and Management	Accounting, Financial Services, Business Admin	CGA

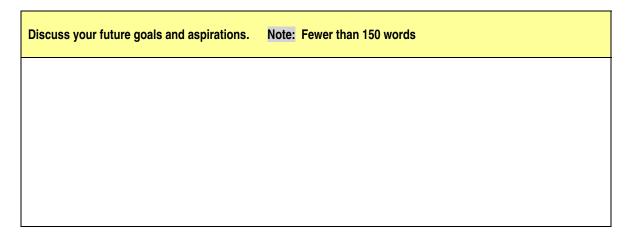


Exhibit C: Post Secondary Educational Pursuit

To what post secondary programs/training or institutions have you applied? Why? Note: Fewer than 100 words.			
Institution/Program	Why?		
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Exhibit D: Demonstration of Impact of Pathfindering

Describe ONE of your own <u>meaningful</u> experiences that demonstrate how you have utilized your training in *pathfinders* AND <u>made a difference in the community</u>. Note: Fewer than 250 words.

Exhibit E: Volunteer Service and Awards

Using the following headings and format list in the charts below how you have shared your skills and talents with your peers and community.

Note: Example of how to calculate total hours: 2hrs./wk X 30 wks/yr X 4 yrs. = 240 hrs. Total

1) My volunteer exp	eriences that gave me <u>school credits</u> include:	(See example below highlig	hted in gray.)
Experience: My role & location	Explanation: what did you do	Date Started – Date ended	Total Hours
Teaching assistant at Sunnyview	Worked with disabled kids John Smith – jsmith@sunnyview.org	Sept 2007 – June 2008	40

2) My volunteer experiences in the SCHOOL include: (Excluding those described in number 1)				
Experience: My role	Explanation: what did you do	Date Started – Date ended	Total Hours	

Experience:	Explanation: what did you do	Date Started – Date ended	Total Hours
My role & location			

4) My Achievements and Awards received include:

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Year	Award	Provide one line description if not obvious

Exhibit F: School Support Letter

I have attached my SCHOOL support letter

Exhibit G: Community Support Letter

I have attached my **COMMUNITY support** letter

Exhibit H: Official Student Transcript

I have attached my Student Transcript

CHECK & DOUBLE CHECK

1) Information is collated in	n order from Exhibit A – Exhibit H
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2) Staple information in the top left corner (if being mailed).

3) Due date to be received in our office is July 31, of the application year (no exceptions)

Missing or misleading information will disqualify your application.

The decision of the scholarship committee is final. Awardees agree to a formal presentation of the award and that their names may be included in promotional information for the scholarship

Mail to: Pathfinder Department Ontario Conference 1110 King Street East, Oshawa, Ontario L1H 1H8 Scan and e-mail to: pathfinders@adventistontario.org

or Fax: 1-905-571-5995