



Sherwood Park ACT

Turk Mahan Scholarship

Application

Instructions

This application for the Turk Mahan scholarship must be completed in full by the applicant (student). Incomplete applications will not be considered nor returned. Please see the end of the application for submission information and deadlines. Please **type or print** your answers below. A separate sheet may be used if needed. If the application is illegible, it will be rejected.

Applicant Information

First Name:		Last Name:	
Mailing Address:			
Street:			
City:	Province:	Postal Code:	
Phone Number:		Email address:	
Name of High School:			Graduation Date:

Name(s) of parent(s) or legal guardian(s):			
Mailing Address:			
Street:			
City:	Province:	Postal Code:	
Phone Number:		Email address:	

School Information

Name of current High School:		High School Graduation Date:	
Name of Intended School:		Start Date:	
School Address			
Program/Major:		Graduation Date:	
<input type="checkbox"/> Full time student	<input type="checkbox"/> Part time student	<input type="checkbox"/> Live at home	<input type="checkbox"/> Live away from home
I certify that I have been accepted to attend the above school in the indicated program and have attached a copy of this confirmation to this application.			
Signature:			Date:

Financial Information

Tuition (per semester for the upcoming year):		
Annual Household Income (i.e. Parental Income):		
List other financial assistance you will receive per semester or quarter:		
A.	Personal: (currently working or work /study during school)	Amount: \$
B.	Other Scholarship(s):	Amount: \$
C.	Grants:	Amount: \$
D.	Student Loan(s):	Amount: \$
E.	Other Financial Resources: (to include parent contribution)	Amount: \$

Note: If household/parental income is zero, please provide an explanation as part of the 300-word essay.

Character Information

Please respond to the following information on a separate sheet if needed.

School and Community-based Extra-Curricular/Volunteer Activities: Please list school extra-curricular activities in which you have participated. Note leadership roles and dates.

	Organization/ Activity	Dates
A.		
B.		
C.		
D.		
E.		
F.		
G.		

Awards and Recognitions: Please list any important awards and recognitions received. Note the name of the organization presenting the honor and the date.

	Recognition	Dates
A.		
B.		
C.		
D.		
E.		

Goals: What are the short and long term goals for your life?

Year	Goal
1-Year	
5-Year	
10-Year	

Checklist

Ensure you have met the following criteria for your application to qualify for review by the scholarship committee. Circle "YES" or "NO" to be sure you have completed and attached each item as required.

YES	NO	Application complete and signed below.
YES	NO	Two reference letters: one from your high school counsellor and one from a teacher (preferably related to the subject area of further study). Your references should be in separate, sealed envelopes.
YES	NO	Proof of program acceptance or current student enrollment.
YES	NO	300 word essay describing your intended career, why you chose this path and why community volunteerism is important to you.

Release

I understand that, if I am selected to receive the Turk Mahan Scholarship, I will be expected to participate in an award presentation event and I agree to allow the Sherwood Park ACT to take and use photos/video/audio of me for use in news media, website, social media channels, newsletters and any promotional materials the Sherwood Park ACT may choose to create.

Applicant Signature:	Date:
Applicant's Parent/Guardian Signature:	Date:

STATEMENT OF ACCURACY

I hereby affirm that all the above stated information provided by me to the Sherwood Park ACT Council 1022 is true, correct and without forgery. I also understand that if I am chosen as a recipient, I must provide evidence of enrollment/registration at the post-secondary institution of my choice before scholarship funds can be awarded. I further understand that I am required to attend and participate in ACT meetings (typically one each month) for a period of one year.

Applicant Signature:	Date:
Applicant's Parent/Guardian Signature:	Date:

FOR OFFICE USE ONLY

Application Received Date:	Received By:	Forwarded to Committee Date:
----------------------------	--------------	------------------------------