

SCHOLARSHIP APPLICATION
Rotary Club of Charlottetown

PLEASE PRINT CLEARLY OR TYPE

Name: (family) _____ (given) _____

Home Address: _____

_____ Postal Code _____

Telephone Number _____ Email _____

Name of School/College/University presently attending:: _____

Doctor's Name _____

Doctor's Address _____

Describe the nature and extent of your disability (use additional page(s), if required):

Indicate your educational plans for the academic year 2008 - 2009 and beyond:

Briefly outline your career plans:

Describe your involvement in activities inside and/or outside of your school, college or university:

Signature: _____ Date: _____

Please include the following with your application:

- (1) A transcript of your academic record for the current year (to date) and your last full academic year.
- (2) A letter from your doctor confirming the nature and extent of your disability.
- (3) Two letters of recommendation - one from a senior person in your academic institution (e.g. Principal or representative) and one from a person who knows you well in your community.

Please submit your completed application no later than April 30, 2008 to:

Rotary Club of Charlottetown Scholarship Committee
PO Box 608
Charlottetown, PE C1A 7L3
Attention: Kenneth Ezeard, Chair