

Canadian Junior Gelbvieh Association Scholarship Application

Full Name: _____

Full Address: _____ Phone No: _____

Birth Date: _____ Place of Birth: _____

Sex: _____ Male _____ Female Social Insurance Number: _____

Parent or Guardian Name(s): _____

Parent or Guardian Address: _____

High School Name: _____

High School Address: _____

Graduation Date: _____ Grade Point Average: _____ (example 3.5/4.0)

Estimated Percentage of Tuition Paid by Scholarships or grants during your last semester of post secondary education or for the upcoming semester? _____

List any scholarships you have been awarded: _____

Career Goal: _____

If you are currently attending a Post Secondary Education facility, please complete the following:

Name of Post Secondary Education Facility you have previously or are currently attending:

_____ Major: _____ GPA _____

If you are a graduating high school senior, please complete the following:

Post Secondary Education Facility you plan to attend: _____

Anticipated Major: _____

Signature of Applicant

Date

Signature of Parent/Guardian

Date