Dr. Stewart Holmes Scholarship Fund Inc.

Application Form Deadline: September 15

Checklist for Applications

Before e-mailing/faxing your application, be sure that you have the following items:

- 1. Completed Application form.
- 2. Completed Academic reference form. Academic reference must be a person in position of authority from your most recent field of study: eg. Teacher/ Professor/Instructor, Etc.
- 3. Completed Volunteer Involvement reference form. The Volunteer Involvement reference must be a person in a position of authority: eg. Leader/ Director.
- 4. Completed Employment reference form. The Employment reference must be a person in a position of authority: eg. Employer/Owner.
- 5. Each reference (Academic/Volunteer/Employment) must be completed by a different individual.
- 6. Transcript of marks from the most recent year of study.
- 7. Proof of acceptance and/or enrollment letter.
- 8. The applicant must be a full time student.

The application and references must be e-mailed or faxed in by September 15.

If the application does not have all the above items, it will not be accepted.

Please check to make sure that your reference letters have been e-mailed or faxed in before the September 15th date.

Good Luck with your studies.

Signature:	Dr. Holmes Scholarship Fund Inc. Box 285
Date:	Eston, SK SOL 1A0
Revised 2019 / 02	Phone: (306) 962-4112

Phone: (306) 962-4112

E-mail: drholmes.scholarship@gmail.com

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1.	Name of Applicant:		
2.	Present Address:		
	Phone Number:	E-mail Address:	
3.	Home Address:		
	Phone Number:	E-mail Address:	
4.	Social Insurance Number (for T4A Tax	x Slip):	
5.	Education: Grade 12 completed at:		Year
	Post Secondary Education completed:		
	Course:		Year
	Course:		Year
,	** Please attach a TRANSCRIPT of marks	s from your most recent year o	f study
6.	List employment for the last two years:		
7.	University, technical institute or colleg	e to which you have been accep	oted:
	Program you are enrolled in:		
	** Attach proof	f of Full Time enrollment	
8.	Please list the following in point form:		
	a) Volunteer involvement:		
	b) Leadership roles:		
9.	Have you previously received a Dr. Stev	wart Holmes Scholarship?	Year
	If needed, an additional page of		Application Form
	information may be attached.	Deadlin	e: September 15
Sig	gnature: _	Dr. Holmes Scholarship Box 285	Fund Inc.
D~:		Eston, SK SOL 1A0	

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Dr. Stewart Holmes Scholarship Fund Inc. Academic

Reference Form Each of your references must be a separate individual Deadline: September 15 Revised 2019/02

1.	Name of Applicant:		
	Present Address:		
2.	How long have you known the applicant and in what capacity?		
3.	Please comment on the applicant's performance.		
4.	State any Leadership qualities and/or any other areas in which the applicant has excelled.		
5.	Name, address, e-mail address and phone number of person providing this reference (please print).		
Siç	gnature: Date:		

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Dr. Stewart Holmes Scholarship Fund Inc. Volunteer Involvement

Reference Form Each of your references must be a separate individual Deadline: September 15 Revised 2019/02

1.	Name of Applicant:		
	Present Address:		
2.	How long have you known the applicant and in what capacity?		
3.	Please comment on the applicant's performance.		
4.	State any leadership qualities and/or any other areas in which the applicant has excelled.		
5.	Name, address, e-mail address and phone number of person providing this reference (please print).		
Sig	ynature: Date:		

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Revised 2019/02

Dr. Stewart Holmes Scholarship Fund Inc. Employment

Reference Form Each of your references must be a separate individual Deadline: September 15 Revised 2019/02

1.	Name of Applicant:
	Present Address:
2.	State your position of authority in relation to this applicant's employment and how long you have known this applicant.
3.	Please comment on the applicant's performance.
4.	State any Leadership qualities and/or any other areas in which the applicant has excelled:
5.	Name, address, e-mail address and phone number of person providing this reference (please print):
Siç	gnature: Date:

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