

BRANT ANIMAL AID FOUNDATION

**ALBERTA INGLIS SCHOLARSHIP AWARD**

APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Birth Date: \_\_\_\_\_

1. Present level of education: \_\_\_\_\_

2. Present school: \_\_\_\_\_

3. Diplomas and/or Degrees presently held: \_\_\_\_\_

4. Academic standing (please provide transcript of marks): \_\_\_\_\_

\_\_\_\_\_

5. Extra-curricular activities and hobbies: \_\_\_\_\_

\_\_\_\_\_

6. Farm and/or animal experience: \_\_\_\_\_

\_\_\_\_\_

7. Why are you interested in a career in Animal Health/Care? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Are you willing to make a commitment after graduating as an animal care giver to practicing here in Brantford or Brant County?

No ( ) Yes ( ) for ( ) 1 year ( ) 2 years ( ) 3 years ( ) more

9. How does your request for financial assistance address the objectives of the Brant Animal Aid Foundation?

\_\_\_\_\_

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10. How did you learn about this Scholarship Award? \_\_\_\_\_  
\_\_\_\_\_

11. Other source(s) of income for your post-secondary education: \_\_\_\_\_  
\_\_\_\_\_

12. Name and address of the Post-Secondary Institution to which you have been accepted:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Program: \_\_\_\_\_

14. Please name one Academic Reference and one Character Reference.

Academic Reference:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Character Reference:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_