



MORDEN AREA  
FOUNDATION  
for good, forever

## Bill & Linda Fehr Scholarship

### Application Form

*(Please note spelling, grammar, and application appearance will be taken into consideration)*

#### **General Information:**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_  
(Apt/Box/Street) (City)  
\_\_\_\_\_  
(Province) (Postal Code)

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Home/Cell

Last School Attended: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Mailing Address)  
Grade Completed: \_\_\_\_\_ or Date Graduated: \_\_\_\_\_

#### **Education Plans:**

Please indicate your proposed program of post-secondary studies.

Education Facility: (First Choice)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street, City, Province & Postal Code)

\_\_\_\_\_  
(Phone)

Education Facility: (Alternate Choice)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street, City, Province & Postal Code)

\_\_\_\_\_  
(Phone)

#### **Career/Occupational Goals**

Indicate the area of study chosen and why:

Name of Program being applied for: \_\_\_\_\_

Program/Course cost: \_\_\_\_\_

Number of years required to complete program: \_\_\_\_\_

Degree or Diploma when program complete: \_\_\_\_\_

Start Date: \_\_\_\_\_ Completion Date: \_\_\_\_\_

**Personal Experience:**

1. List any Public Service, Community Activities, Special Endeavours or Volunteer Participation/Interests that you feel may be relevant to this application.

2. Indicate any organizations and/or individuals that support/confirm the above community involvement.

(Organization/Individual)	(Contact Number –phone/e-mail)

3. List any Full or Part-Time Employment (past 2 years) you have held – specifying employer, type of work and length of time in position:

(Employer)	(Type of work)	(Time Period)

4. Indicate any special recognition or awards received during and/or since school.

\_\_\_\_\_

\_\_\_\_\_

5. Explain your goals within the next 3-5 years:

6. Indicate how your career goals will benefit the community:
  
  
  
  
  
  
  
  
  
  
7. Explain your financial need and how this Scholarship would benefit your career goals:
  
  
  
  
  
  
  
  
  
  
8. Explain why you should receive this scholarship:
  
  
  
  
  
  
  
  
  
  
9. What additional information do you wish to share, that you feel may be relevant to your application for this scholarship.
  
  
  
  
  
  
  
  
  
  
10. Please indicate the names and contact information of two (2) references.

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I certify that all the information provided on this application form and in any accompanying documents is true, accurate and complete to the best of my knowledge.

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_

**Scholarship Application Due Date:**

**June 8, 2021**

**Submit your application to:**

**Morden Area Foundation  
13-379 Stephen St.  
Morden, MB R6M 0G8  
E-Mail: [info@mordenfoundation.ca](mailto:info@mordenfoundation.ca)**