

EDUCATIONAL SCHOLARSHIP APPLICATION

Two \$500 Scholarships to be awarded to children, of employees of ENCOMPASS Benefits' clients, completing high school this year . Selection will be on the basis of Community/School Involvement, Academic Achievement and Financial Need. Application Deadline: April 15th

PERSONAL INFORMATION	
Name:	High School Attending Now:
Address:	City: Postal Code:
Email:	Phone Number:
Birthdate:	Your Most Recent GPA:
Parent/Guardian's Name:	Parent/Guardian's Employer:
Parent/Guardian's Position:	Employed Since:

ESTIMATED EXPENSES	AMOUNT	ESTIMATED RESOURCES	AMOUNT
Tuition Fees	\$	Assistance from Parents	\$
Books and Supplies	\$	Bursaries/Scholarships (already secured)	\$
Room and Board	\$	Savings	\$
Transportation	\$	Estimated Student Income for the coming school year?	\$
Other	\$	Other	\$
Total Expenses	\$	Total Resources	\$

COMMUNITY-BASED VOLUNTEER ACTIVITIES DURING GRADES 10, 11 AND 12:

SCHOOL-RELATED VOLUNTEER ACTIVITIES DURING GRADES 10, 11 AND 12:

Please attach 2.5 years of high school report cards, a brief letter about yourself and any relevant awards/reference letters/info

COLLEGE INFORMATION:

Post-Secondary Institution: _____ Major/Program of Study: _____

Registered Start Date: _____ Student ID Number: _____

Educational Goals: _____

For additional information and program details, please visit our website at <https://encompassbenefits.com/our-community/>

Signature: _____ Date: _____