Dauphin Consumers Co-operative Ltd



Application for Scholarship

Personal information		
Last Name:	First Name:	
Home Phone:	Cell Phone:	
Mailing Address:		Postal Code:
Co-op Location of Employment:		Start Date:
Email:		Co-op #
Education		
Name of Highschool:		
Date of Graduation:		
Name of Post-Secondary Institute:		
Name of Program:		
Status of Enrolment:	Expected D	Date of Graduation:
My Demonstrated Commitment to Community Th	rough Volum	toor Activities (Submit on Separate Baner
My Demonstrated Leadership Qualities Through Paper if preferred)	School Extra	a-Curricular Activities (Submit on Separate
My Personal Interests, Goals, Reason for Applic (Submit on Separate Paper if preferred)	ation and Ove	verview of Personal Accomplishments
(Camara or Coparato or Sport to protestion)		
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Acknowledgment and Authorization		
I hereby certify that the information submitted in and with this applicatio knowledge. I have included a copy of my transcripts, proof of enrolg scholarship consideration.		
Signature of Applicant:	Date:	