Rural Municipality of Cornwallis
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RURAL MUNICIPALITY OF CORNWALLIS

HIGH SCHOOL GRADUATION GRANT/SCHOLARSHIP APPLICATION

Supporting Education. Encouraging Achievement. Investing in Our Community.

The Rural Municipality of Cornwallis is pleased to offer a scholarship opportunity to graduating high school students who reside within the Municipality.

This scholarship recognizes the importance of education and supports local students as they take the next step toward their future educational and career goals.

Eligible graduating students (or Student Advisory) are encouraged to complete this application and submit it by the annual deadline of **February 28th**.

The scholarship is awarded in a fixed amount established by the Rural Municipality of Cornwallis each year. The participating school will be responsible for reviewing applications and selecting the scholarship recipient(s).

SECTION 1 – SCHOLORSHIP RECIPIENT(S) INFORMATION

Full Name: _____

Mailing Address: _____

Postal Code: _____

Telephone Number: _____

Email Address: _____

SECTION 2 – EDUCATIONAL INFORMATION

Name of High School: _____

Intended Post-Secondary Institution (if known):

Intended Program of Study or Career Path:

Type of Education You Plan to Pursue:

☐ University

☐ College

☐ Trade or Technical School

☐ Apprenticeship Program

☐ Other: _____

SECTION 3 – ELIGIBILITY CONFIRMATION

To qualify for this scholarship, applicants must:

- Be a resident of the Rural Municipality of Cornwallis.
- Be a graduating high school student in the year of application.
- Submit a completed application by February 28th.

Do you currently reside within the Rural Municipality of Cornwallis?

☐ Yes

☐ No

Are you graduating from high school this school year?

☐ Yes

☐ No

SECTION 4 – PERSONAL STATEMENT

Please tell us a little about yourself, your future plans, and what continuing your education means to you.

1. What are your plans following high school graduation?

2. What are your educational and career goals?

3. How does receiving this scholarship help you as you begin the next chapter of your education or career?

4. Is there anything else you would like Council to know about you?

Applicant Signature: _____

Date: _____

Parent/Guardian Signature (if applicant is under 18):

SECTION 5 – SCHOOL / MUNICIPAL OFFICE USE

Name of School: _____

Date: _____

Applicant Eligibility Confirmed: ☐ Yes ☐ No

Authorized School Representative: _____

Signature: _____

We wish all graduating students success as they take the next steps in their educational and career journeys.

Your Future Starts Here!

Completed Forms Can Be Submitted:

- by Mail:

Site 500, Box 10, RR5

Brandon, MB R7A 5Y5

- by Fax:

(204) 725-3659

- by Email:

info@gov.cornwallis.mb.ca

Date Received: _____

Municipal Office Representative: _____

Signature: _____

Submitted to Council? _____