

# Ron Smyth Kim Halliday Scholarship Nomination Form

## PERSONAL INFORMATION

### ADULT

*(completed by mentoring organization)*

Name in Full:
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Date of Birth:
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Home Address:	Postal Code:
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Home telephone:	Email Address:
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CALP (if applicable):	Date of graduation:
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Occupation (if applicable):
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Learning area of focus:	Desired school:
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Number of children (please include ages):
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#### Approximate annual income range of your household

\$30,000 or less       \$31,000 - \$50,000       \$51,000 - \$75,000     

\$100,000 plus

**(Documented proof of annual household income may be required at a later date)**

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Name of nominating Community Based Organization:
Contact person:
Telephone:
Email:



Contact information of support team: please describe the role each member will play.

Contact person:

Telephone:

E-mail:

Role support team member will play:

Contact person:

Telephone:

E-mail:

Role support team member will play:

Contact person:

Telephone:

E-mail:

Role support team member will play:

Nomination information: please describe the strengths and assets of the **adult** learner, as well as the capacity of your organization to play a mentoring role)

A large, empty rectangular box with a thin black border, intended for the user to provide nomination information as requested in the text above.

EXTRACURRICULAR ACTIVITIES  
*(completed by learner)*

List extracurricular activities in which you have participated and specify the nature of your involvement in each.

Please mention any personal circumstances you think might be relevant to this application.



## EXPECTED EXPENSES

Please outline all expected expenses related to education to be covered by the Kim Halliday Memorial Community Scholarship (including but not limited to: books; tuition; computer; meals; travel; etc.). Receipts will be requested. Up to a maximum of \$5,000.	
Expense amount	Description
<b>Total:</b>	