

Ron Smyth Kim Halliday Scholarship Nomination Form

PERSONAL INFORMATION

ADULT

(completed by mentoring organization)

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| 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

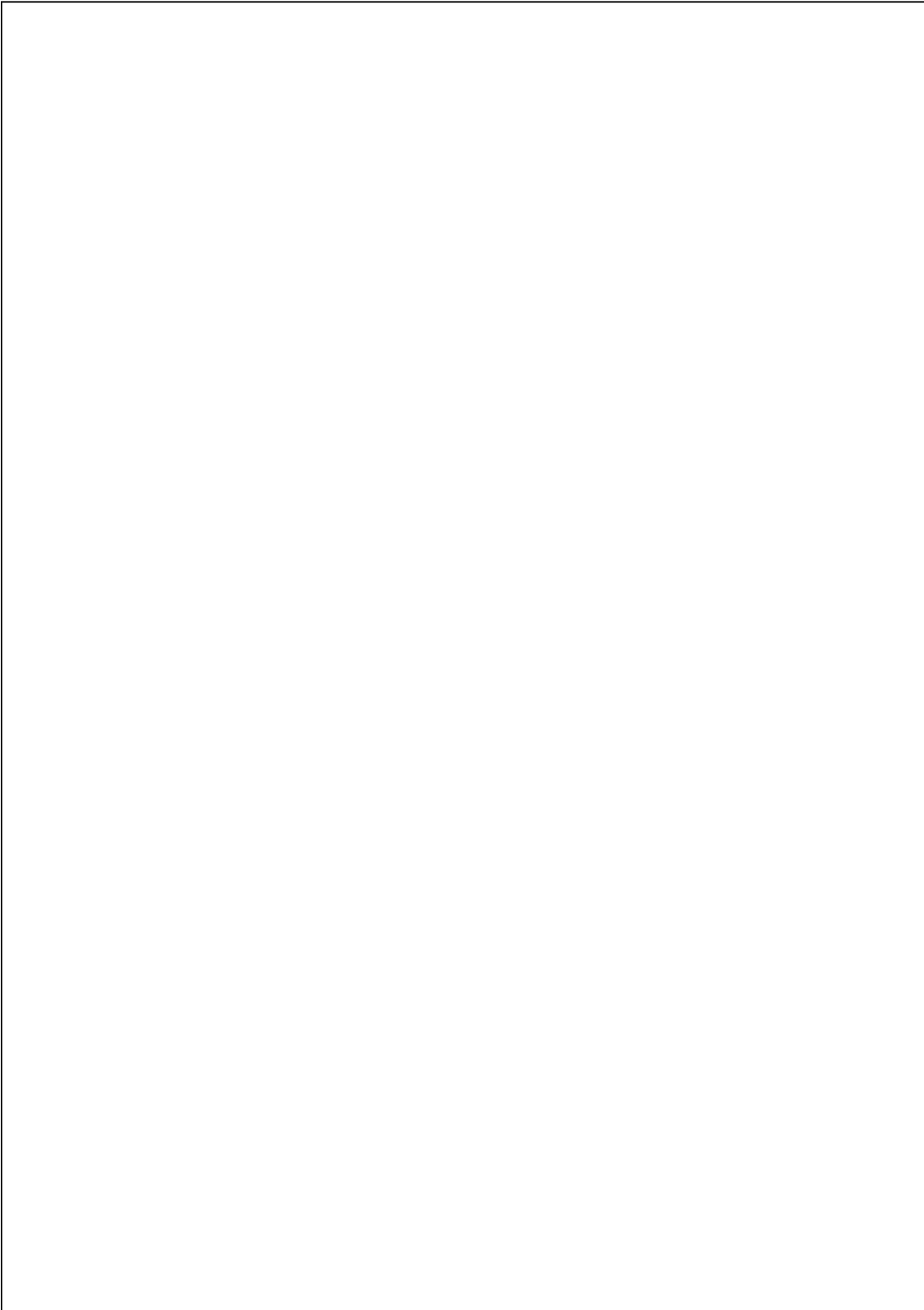
(Documented proof of annual household income may be required at a later date)

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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.

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| <p>Contact person:</p> <p>Telephone:</p> <p>E-mail:</p> <p>Role support team member will play:</p> <p>Contact person:</p> <p>Telephone:</p> <p>E-mail:</p> <p>Role support team member will play:</p> <p>Contact person:</p> <p>Telephone:</p> <p>E-mail:</p> <p>Role support team member will play:</p> |
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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 |
| | |
| Total: | |