



APPLICATION PACKAGE



SCHOLARSHIP APPLICATION

APPLICATION INFORMATION

NAME: _____
LAST *FIRST* *M.I.*

ADDRESS: _____

CITY: _____ PROVINCE: _____ POSTAL CODE: _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ SOCIAL INSURANCE #: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?: YES NO

IF YES, EXPLAIN: _____

EDUCATION

HIGH SCHOOL: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO DIPLOMA: _____

COLLEGE: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO DEGREE: _____

OTHER: _____ ADDRESS: _____

FROM: _____ TO: _____ DID YOU GRADUATE? YES NO OTHER: _____

SPECIAL SKILLS OR QUALIFICATIONS

PLEASE LIST THREE PERSONAL AND PROFESSIONAL REFERENCES

PROVIDE THEIR FULL NAME, COMPANY, ADDRESS, RELATIONSHIP AND PHONE

1. _____
2. _____
3. _____

VOLUNTEER EXPERIENCE

PLEASE LIST THREE VOLUNTEER REFERENCES

PROVIDE THEIR FULL NAME, COMPANY, ADDRESS, RELATIONSHIP AND PHONE

1. _____
2. _____
3. _____

MAY WE CONTACT ALL YOUR REFERENCES? YES NO



VOLUNTEER APPLICATION

CONTACT INFORMATION

NAME: _____

ADDRESS: _____ CITY: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____

AVAILABILITY

DURING WHICH HOURS ARE YOU AVAILABLE FOR VOLUNTEER ASSIGNMENTS? *CIRCLE DAYS AVAILABLE*

WEEKDAY MORNINGS

WEEKEND MORNINGS

WEEKDAY AFTERNOONS

WEEKEND AFTERNOONS

WEEKDAY EVENINGS

WEEKEND EVENINGS

INTERESTS

ADMINISTRATION

EVENTS

FIELD WORK

FUNDRAISING

PHONE BANK

NEWSLETTER PRODUCTION

SPECIAL SKILLS OR QUALIFICATIONS

SUMMARIZE SPECIAL SKILLS AND QUALIFICATIONS YOU HAVE ACQUIRED FROM EMPLOYMENT, PREVIOUS VOLUNTEER WORK, OR THROUGH OTHER ACTIVITIES, INCLUDING HOBBIES OR SPORTS.

SPECIAL SKILLS OR QUALIFICATIONS

SUMMARIZE YOUR PREVIOUS VOLUNTEER EXPERIENCE.



PREVIOUS VOLUNTEER EXPERIENCE

SUMMARIZE YOUR PREVIOUS VOLUNTEER EXPERIENCE.

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL: _____

OUR POLICY

IT IS THE POLICY OF THIS ORGANIZATION TO PROVIDE EQUAL OPPORTUNITIES WITHOUT REGARD TO RACE, COLOR, RELIGION, NATIONAL ORIGIN, GENDER, SEXUAL PREFERENCE, AGE, OR DISABILITY. THANK YOU FOR COMPLETING THIS APPLICATION FORM AND FOR YOUR INTEREST IN VOLUNTEERING WITH US.

AGREEMENT AND SIGNATURE

BY SUBMITTING THIS APPLICATION, I AFFIRM THAT THE FACTS SET FORTH IN IT ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF I AM ACCEPTED AS A SCHOLARSHIP RECIPIENT, ANY FALSE STATEMENTS, OMISSIONS, OR OTHER MISREPRESENTATIONS MADE BY ME ON THIS APPLICATION MAY RESULT IN MY IMMEDIATE DISQUALIFICATION.

NAME: _____

SIGNATURE: _____

DATE: _____



APPLICANTS MUST SUBMIT A 1000-WORD ESSAY THAT ANSWERS THE FOLLOWING QUESTIONS:

- 1) How will this scholarship change your life?
- 2) Describe one positive personal experience that has changed your life.
- 3) Describe one obstacle that you have overcome and how it changed your life.
- 4) What goals would you like to achieve upon completion of your post-secondary degree?

RULES AND REGULATIONS

Eligible scholarship recipients must meet the following criteria:

- 1) Recipients must be between the ages of 17 – 25.
- 2) Recipients must start their post-secondary program by September following their high school graduation.
- 3) Recipients must provide the My Inspiration HLF with proof of acceptance into an accredited post-secondary institution.
- 4) Recipients must use the scholarship for tuition or books only. They must submit receipts to the My Inspiration HLF as proof of payment for tuition or textbooks. If recipients do not provide proof of payment or use the scholarship for unapproved expenses, they will be expected to reimburse the My Inspiration HLF immediately.
- 5) Recipients must be enrolled as a student in Manitoba when applying for the scholarship.
- 6) Recipients must apply to an accredited post-secondary institution within Canada.
- 7) Recipients must commit to 40 hours of community service between September to April once accepted into the program.
- 8) Recipients must work with an assigned mentor for at least 10 hours between September to April once accepted into the program.

IF YOU HAVE ANY QUESTIONS, FEEL FREE TO CONTACT TRISHA KULATHUNGAM.

PHONE NUMBER: (204) 312-8515

EMAIL ADDRESS: FOUNDER@MYINSPIRATIONINC.COM

MAILING ADDRESS:

906 KING EDWARD STREET

WINNIPEG, MANITOBA

R3H0P4