



# Scholarship Application Form

## Section 1: Applicant Information

Applicant Name \_\_\_\_\_  
Intake Period (Trimester/Year) \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email Address \_\_\_\_\_  
Social Insurance Number \_\_\_\_\_

## Section 2: Marital/Dependent Status

Marital Status \_\_\_\_\_  
Are you financially dependent on your parents? \_\_\_\_\_  
How many children do you have? \_\_\_\_\_  
Please state if you have other dependents \_\_\_\_\_

## Section 3: Financial Status (please enter in \$CDN)

Estimated Individual Annual Gross Income: \_\_\_\_\_  
Current Employer: \_\_\_\_\_  
Estimated Spousal Annual Gross Income: \_\_\_\_\_  
Current Employer of Spouse: \_\_\_\_\_  
Personal Funds: \_\_\_\_\_  
Other Family Contribution: \_\_\_\_\_  
Canada/Provincial Student Loan: \_\_\_\_\_  
Bank Loan/Investments/Line of Credit: \_\_\_\_\_  
Other funds (state resources): \_\_\_\_\_  
TOTAL: \_\_\_\_\_

## Section 4: Essay

Please attach a personal statement in essay format telling us about yourself, professional plans after graduation, and what makes you a strong candidate for the Jacob Markovitz scholarship.

· Fax this form and essay to: Yorkville University at 506-454-1221 or  
· Email to: Administration, [ssherwood@yorkvilleu.ca](mailto:ssherwood@yorkvilleu.ca) or  
· Mail to: Scholarship Selection Committee, 1149 Smythe Street, Fredericton, NB E3B 3H4