

# Por Lay Shek Scholarship Fund Application

Please complete all information requested on this form. Please type or print and check for accuracy.

## Section 1: Contact Information

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Home Address: \_\_\_\_\_

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

## Section 2: Resume and Cover Letter

*Please attach your most current resume and cover letter.*

## Section 3: Current High School/College/University etc.

Name of School: \_\_\_\_\_

Street: \_\_\_\_\_ City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office email if known: \_\_\_\_\_

## Section 4: College/University etc. Planning to attend effective September of this current year, (if different)

Name of School: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Street: \_\_\_\_\_ City/Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Office email if known: \_\_\_\_\_

**Section 5: Field of Study**

Field of Study: \_\_\_\_\_

Reason for pursuing the indicated field of study (50 words):

Outline a brief summary of your accomplishments (50 words):

Please list the people that you have requested to provide references, their affiliation, and contact information. You must provide a total of 2 references.

***Academic References:*****1. Required**

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Day Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Office email (please type/print clearly):  
\_\_\_\_\_**2. Required**

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Day Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Office email (please type/print clearly):  
\_\_\_\_\_

**Work, Volunteer Supervisor, or Student Involvement Referees:****1. Required**

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Day Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Office email (please type/print clearly):  
\_\_\_\_\_**2. Required**

Name: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Day Phone: (     ) \_\_\_\_\_ - \_\_\_\_\_

Office email (please type/print clearly):  
\_\_\_\_\_

The information that I am submitting in the application for the **Por Lay Shek Scholarship Fund** is accurate and true. I am committed to attend the awards ceremony during which the Scholarship(s) will be presented. I understand that there will be photographs taken at this event and that Community Living York South (CLYS) will use these photographs with a brief write up of my accomplishments to announce recipients on the CLYS website, in the Association Newsletter, and for future promotion of the **Por Lay Shek Scholarship Fund**. I have enclosed a signed, witnessed release of information and release of photograph forms and all other requested information, including my personal letter of application and letters of reference. I have not included any original document that will require being returned to me.

\_\_\_\_\_  
**Applicant Signature**\_\_\_\_\_  
**Date (DD/MM/YYYY)**\_\_\_\_\_  
**Parent/Guardian Signature**\_\_\_\_\_  
**Date (DD/MM/YYYY)**