

## **TD Insurance Meloche Monnex Alumni Achievement Awards**

TD Insurance is a proud partner of CNA supporting the entire College with preferred rates and exceptional customer services on their home and auto insurance products. This award recognizes the work of graduate students as they embark on their careers and take the first steps to becoming independent and self-sufficient individuals in the work force. The award recognizes those graduates who have a passion for the community and CNA and are committed to supporting the next generation of student learners as they pursue their college dreams.

Donor: TD Insurance Meloche Monnex  
Number of Awards: Ten  
Value: \$2000 each  
Criteria: Awarded to a full-time student in their final year of a two or three year diploma program. The recipient must become a registered alumni member at College of the North Atlantic - <https://www.cna.nl.ca/Alumni/become-an-alumni-member.aspx> and demonstrate a strong connection to the College and/or community.

**An application form, a College Reference Form and College & Community Volunteer Activities Form are required. Students need to be a registered member of the Alumni Association and submit a 500-typed word essay on how they can make an impact on the College once they graduate. To become a register Alumni member please visit the Alumni website at <https://www.cna.nl.ca/Alumni/become-an-alumni-member.aspx> .Deadline for applications is mid-January. Please see application form for exact date. Application forms are available on the College website.**

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**Please see application on next page.**



# TD Insurance Meloche Monnex Alumni Achievement Awards



TD Insurance  
Meloche Monnex

Application must be received by Student Services office by January 24, 2022

<b>Name:</b> _____	<b>Student #:</b> _____
<b>Address:</b> _____	
<b>Phone #:</b> _____	
<b>E-mail:</b> _____	
<b>Program:</b> _____	
<b>Campus:</b> _____	

### Applicant Checklist:

- A College Reference Form is attached
- A College & Community Volunteer Activities Form is attached
- A College Transcript or a Student Progress Report is attached
- A 500-word typed essay is attached on how you will make an impact on CNA once you graduate

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I am a registered CNA Alumni Member      Yes     No

### INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

#### I hereby make the following declaration:

1. I intend to be a full-time student for the academic year/semester for which this application is made.
2. I have answered all questions, which are applicable to me, and the answers given by me are true.
3. I understand that if selected for an award / scholarship/ bursary I will be required to provide my Social Insurance Number, so that a T4A may be issued for income tax purposes.

Permission is hereby granted for the Awards Committee to obtain any further information required from appropriate individuals or agencies.

I further acknowledge that my personal information (i.e. photo, video, name, program and home community) may be shared with the donor of this award and can be used by CNA for promotional purposes.

College of the North Atlantic is an educational body of the Government of Newfoundland and Labrador, and is therefore subject to the Access to Information and Protection of Privacy Act, 2015 (ATIPPA). The college's Student Services Department and the Alumni & Advancement Office are collecting your personal information to process the scholarship application and provide status reports to the donor. The personal information you provide may be disclosed to the donor. This personal information is collected under the authority of the College Act 1996 (SNL1995, Chapter C-22.1). Collected personal information will be stored in accordance with our normal network and information security measures. For further information about the collection and use of this information please contact the Provincial Awards Chairperson at 709-643-7880. For more information about the ATIPPA please visit [www.cna.nl.ca/about/atippa.asp](http://www.cna.nl.ca/about/atippa.asp).

*I have read and understand the Privacy Statement above and consent to the collection and use of this personal information.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date