

Municipalities Newfoundland and Labrador Scholarship

Donor: Municipalities Newfoundland and Labrador

Number of Awards: One

Value: \$500

Criteria: This scholarship is limited to the sons, daughters, or wards of municipal elected officials (Mayors, Deputy Mayors, Councilors) or Municipal Staff. The recipient must be enrolled full time in certificate or diploma level program offered at the College. Preference will be given to second or third-year students enrolled in a two or three-year diploma program. However, if there are no eligible applications from 2nd or 3rd year diploma students, students in their first year of a certificate or diploma program, who are either sons, daughters, or wards of municipal elected officials, may be considered. The scholarship is based on academic excellence and will be awarded to the student who has achieved the highest academic standing in his/her program of studies.

A Municipalities Newfoundland and Labrador Awards application form is required. Industrial Trades students must include a Student Progress Report for courses that are still in progress and not on their college transcript. Incomplete application forms will not be considered. Deadline for applications is mid-January. Please see application form for exact date. Application forms are available on the College website.

Please see application on next page.



Municipalities Newfoundland & Labrador Scholarship



Application must be received by Student Services office by January 22, 2024

Name: _____	Student #: _____
Address: _____	
City: _____	Prov: _____ Postal Code: _____
E-mail: _____	Phone #: _____
Program: _____	Campus: _____
Year of Program: 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/>	

Applicant Checklist:

- A Student Progress Report is attached.
(Industrial Trades students must include a Student Progress Report for courses that are still in progress and not on their college transcript)

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Are you a child/ward of a municipal elected official or employee in Newfoundland and Labrador?
 If yes, please provide name of the official: _____

Your relationship to the municipal official: _____

Permanent mailing address of the municipal official: _____

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

I hereby make the following declaration:

- I intend to be a full-time student for the academic year/semester for which this application is made.
- I have answered all questions, which are applicable to me, and the answers given by me are true.
- 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. 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, 432 Massachusetts Dr. P.O. Box 5400 Stephenville, NL A2N 2Z6. For more information about the ATIPPA please visit 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.

 Name: Print or Sign

 Date





**To be completed by the Mayor, Clerk or Manager of the Municipality:
(PLEASE PRINT)**

I certify that the above student is a child or ward of an elected official or employee in

Name of Municipality: _____

CERTIFIED BY:

NAME: _____

TITLE: _____

CONTACT NUMBER: _____

CONTACT E-MAIL: _____

SEAL