



Pat Fletcher Scholarship Foundation

Lynn Fletcher

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CONTACT INFORMATION

I hereby apply to the PAT FLETCHER SCHOLARSHIP FOUNDATION for an Academic Scholarship.

TITLE	FIRST NAME	LAST NAME		F	M
TELEPHONE NUMBER	BIRTH DATE (YYYY-MM-DD)				
ADDRESS	CITY	PROVINCE	POSTAL CODE		
E-MAIL ADDRESS	LANGUAGE OF CHOICE				
	CITIZENSHIP STATUS	CANADIAN CITIZEN	LANDED IMMIGRANT		
HOW DID YOU HEAR ABOUT US?					

PERSONAL INFORMATION

1 PERSONAL STATUS: SINGLE MARRIED CHILDREN - AGES _____

2 RESIDENCE: LIVING WITH PARENT OR GUARDIAN LIVING INDEPENDENTLY WITH SPOUSE
LIVING AT SCHOOL IN RESIDENCE OR OFF CAMPUS LIVING WITH SPOUSE AT PARENTS

3 FINANCIAL STATUS:
IN THE 12 MONTHS PRIOR TO YOUR NEXT SCHOOL TERM, WHAT IS YOUR ANTICIPATED GROSS EARNINGS? \$ _____
CURRENT VALUE OF YOUR ASSETS (AND YOUR SPOUSE IF APPLICABLE)
VALUE \$ AMOUNT OWING \$ PURCHASE DATE (mm/yyyy)
CAR _____
HOUSE _____
INVESTMENTS / SAVINGS _____

4 ANTICIPATED EDUCATION COSTS FOR NEXT TERM:
TUITION FEES \$ _____ TRAVEL EXPENSES \$ _____ ROOM AND BOARD \$ _____
BOOKS & SUPPLIES \$ _____ OTHER _____

Questions 5 and 6 are to be completed by students who are being supported by their family or outside agency.

5 PARENTS' TOTAL INCOME (AS PER LINE 150 ON LAST YEAR'S NOTICE OF ASSESSMENT FROM REVENUE CANADA):
FATHER'S \$ _____ MOTHER'S \$ _____
PLEASE IDENTIFY ANY CHANGES IN INCOME EXPECTED THIS YEAR _____

PERSONAL INFORMATION - CONTINUED

6 FAMILY INFORMATION:

LIST INFORMATION ON OTHER DEPENDANTS OF YOUR PARENTS

AGE SCHOOL AND LEVEL BEING ATTENDED IN FORTHCOMING TERM OR OCCUPATION

Three horizontal lines for listing dependants.

PARENT INFORMATION

FATHER LAST NAME FIRST NAME

OCCUPATION EMPLOYER

STATUS OF EMPLOYMENT EMPLOYEE INDEPENDENT CONTRACTOR OWNER / PARTNER OTHER

BUSINESS ADDRESS ADDRESS CITY PROVINCE POSTAL CODE

MOTHER LAST NAME FIRST NAME

OCCUPATION EMPLOYER

STATUS OF EMPLOYMENT EMPLOYEE INDEPENDENT CONTRACTOR OWNER / PARTNER OTHER

BUSINESS ADDRESS ADDRESS CITY PROVINCE POSTAL CODE

SCHOLARSHIP INFORMATION

List information on scholarships you have applied for in the coming year or have received in the past year:

Table with 5 columns: YEAR, NAME OF SCHOLARSHIP, VALUE, # OF YEARS, HAVE BEEN AWARDED (YES, NO, NOT YET). Rows 1-4.

SCHOOL RECORDS

List high schools and post secondary institutions attended (most recent first):

NAME AND ADDRESS OF INSTITUTION	DATE ENTERED	YEARS IN ATTENDANCE	DATE GRADUATED*
1 _____			
2 _____			
3 _____			

* IF PENDING, PLEASE INDICATE DATE YOU EXPECT TO GRADUATE

List any special recognition you have received from these institutions:

List institutions you are applying for admission to or intend to continue at:

NAME AND ADDRESS OF INSTITUTION	HAVE BEEN ADMITTED		
	YES	NO	NOT YET
1 _____			
2 _____			
3 _____			

List degree / course(s) you intend to pursue:

GOLF HISTORY

List your competitive golf achievements at local, provincial and national levels (most recent first):

LOCAL EVENT AND VENUE	ACHIEVEMENT	DATE
1 _____		
2 _____		

PROVINCIAL EVENT AND VENUE	ACHIEVEMENT	DATE
1 _____		
2 _____		

NATIONAL EVENT AND VENUE	ACHIEVEMENT	DATE
1 _____		
2 _____		

WORK HISTORY

List your record of employment(most recent first):

FIRM	JOB TITLE	DATES
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____

EXTRA CURRICULAR ACTIVITIES

List your involvement with school or community groups:

GROUP	POSITION	ACHIEVEMENTS	DATES
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

PUBLICATION WAIVER

I agree my name can be used for publication purposes.

PERSONAL ENDORSEMENT

I certify that the information in this application is true and accurate to the best of my knowledge and belief.

APPLICANT _____ PARENT OR GUARDIAN _____

DATED _____
(YYYY-MM-DD)

DATED _____
(YYYY-MM-DD)

Please include the following (mandatory) with your application:

- 2 CURRENT REFERENCE LETTERS
- MOST RECENT ACADEMIC RECORD
- A PERSONAL COVER LETTER
- A BRIEF UNDERSTANDING OF PAT FLETCHER'S CAREER

Failure to provide all the materials will make it difficult for the trustees to make educated decisions.

Please send the filled form in its **original PDF format** via email to patfletcherfoundation@gmail.com
The other required documents can be sent in a separate email.