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J. A. Carroll Scholarship

Application Form

Date

Registrar's Office Halifax NS B3M 2J6 (902) 457-6351 FAX (902) 457-6498 financial.aid@msvu.ca

Established by Julie Ann Carroll, BA '63, this scholarship is awarded annually to female student over 30 years of age enrolled in any undergraduate program. Preference will be based on involvement in student and community organizations and class participation. Preference will not be based on financial need except in the case of a tie.

Personal Information					
Student ID#	Last Name		First Name(s)		
Permanent Address Information		Town/City		Province	Postal Code
Local Address Information (if different from above)		Town/City		Province	Postal Code
() Home Phone Number	()_ Other Phone Number	.	Mount Email Addre	 ess	
Program of Study			☐ Full-Time Studie ☐ Part-Time Studie		
Application Information	n				
<u>Letters of Recommendation</u> Please submit two letters of recommendation from faculty with this form.					
Academic Plans On a separate sheet, please provide a brief statement of why you have decided to attend university, why you chose your program and your long-range goals. Please elaborate on the relationship between your career and educational plans.					
Personal Information On an attached sheet, please provide appropriate information on dependents you may have, your employment status (employment refers to both paid and volunteer work) and whether you worked before attending university.					
Additional Information Is there any other informand other related documents	rmation you would like the Schola uments.	rship Commit	tee to know about y	ou? Feel free to	include a résume
Application Deadline: I	May 15				
Return your completed Chair, Undergraduate of Registrar's Office Evaristus Hall, Room 2 Mount Saint Vincent U Halifax, NS B3M 2J6 financial.aid@msvu.ca	Committee on Admissions and Sci 215 niversity	holarships			

Student Signature