

2015 COLLEGE SCHOLARSHIP APPLICATION FORM

COMOX VALLEY EXHIBITION
201 - 580 DUNCAN AVENUE
COURTENAY BC V9N 2M7



The Comox Valley Exhibition is pleased to provide a scholarship in partnership with
ROTARY CLUB OF STRATHCONA SUNRISE,
HOME DEPOT and WEST COAST AMUSEMENTS.

The scholarship of \$1,000.00 will be administered by the CVEX Scholarship Committee.

Applicants must:

- Reside in, or have their home base in School District No 71
- Be registered to attend a post-secondary institution for the fall of 2015 in an agricultural or agricultural – related field
- Have achieved a minimum academic standing of 75 percent in their studies until June 2015– copy of transcripts must be submitted
- Be a community volunteer
- Include a minimum one-page, typed, single spaced statement describing their involvement in agriculture, their career aspirations and extracurricular activities
- Submit recommendations from teachers and employers or persons they have volunteered for
- Submit applications to the CVEX office not later than 3 pm August 1, 2015. Late applications will not be accepted
- Previous winners of this scholarship will be considered for this years award however priority will be given to new applicants if qualifications are equal

The Procedure:

The successful applicant will be notified by August 15, 2015 and the scholarship will be awarded at the Exhibition on August 28th.

The scholarship committee reserves the right to withhold the awarding of any scholarship if, in the opinion of the scholarship committee, no qualified application is made in the academic year.

The decision of the scholarship committee is final and not open to appeal.

Last Name: _____

I will be attending: _____
(must be an accredited post-secondary institution)

Given Name: _____

I have been accepted on: Unconditional basis or
 Conditional basis

Address: _____

City: _____, BC

I understand the terms and conditions and hereby make application for the Rotary Club of Strathcona Sunrise / West Coast Amusements / CVEX Scholarship. I certify that the information given by me is true and correct and CVEX has permission to verify my academic records. I will notify CVEX of any changes to the information provided in this application. I agree to allow my name and photograph to appear publicly.

Postal Code: _____

Phone - day: _____

Applicants Signature: _____

Phone - cell: _____

Date: _____

Email: _____

www.cvex.ca 250 338-8177 info@cvex.ca