

**CFUW DORIS THOMPSON LANE MEMORIAL SCHOLARSHIP APPLICATION  
2025-2026 Academic Year**

Please type or print clearly in blue or black ink

SECTION 1: PERSONAL INFORMATION		
Surname:	Given Name:	
Address:	City/Town/Village:	
Province:	Postal Code:	
Telephone:	Email:	
Date of Birth:		
SECTION 2: FAMILY BACKGROUND		
Name of Parent(s) or Guardian(s):		
Names of Sibling(s), if applicable:		
Are both your parents employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
What is your <u>total</u> family income? (Please check one) All information provided is kept <b>CONFIDENTIAL</b> .		
<input type="checkbox"/> \$0 – \$40,000	<input type="checkbox"/> \$40,000 – \$60,000	<input type="checkbox"/> \$60,000 – \$80,000 <input type="checkbox"/> \$80,000 +
Is your family facing any special challenges? Please provide details below.		
Is/are your sibling(s) attending post-secondary school ( <i>i.e.</i> , university or college)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If YES, please provide the institution name(s) below.		
SECTION 3: ACADEMIC INFORMATION		
Secondary school attending at present: _____		
Please attach an <b>official copy of your school transcript (Grade 9 to AFTER first semester of Grade 12)</b> ***		
How many hours of volunteer work have you completed? _____ hours		
SECTION 4: ACADEMIC INTENTIONS		
Post-Secondary Schools You've Applied To	Course of Study	Accepted (Yes/No)
1.		
2.		
3.		

## SECTION 5: FINANCIAL INFORMATION

Have you **applied for other financial assistance** (bursaries, student loans, scholarships, etc.)?  Yes  No  
If YES, please list below the ones you have applied for and the amount.

Financial Assistance	Amount
1.	
2.	
3.	

Have you **received any bursaries or scholarships for the next academic year?**  Yes  No  
If YES, please list below the ones you have received and the amount.

Bursary or Scholarship	Amount
1.	
2.	
3.	

Please outline your estimated expenses for the next school year.

\$_____ Tuition	\$_____ Books/Instruments
\$_____ Food	\$_____ Rent/Residence
\$_____ Local Transportation	\$_____ Out of town travel to school
\$_____ Other (specify)	\$_____ <b>TOTAL EXPENSES</b>

Do you currently have a job?  Yes  No      If YES, many hours/week do you work? \_\_\_\_\_ hours

How do you plan to contribute to the costs of your post-secondary education?

Please inform us of your financial concerns or needs regarding post-secondary education.

## SECTION 6: RÉSUMÉ (TO BE ATTACHED SEPARATELY)

Describe your volunteer experience, school involvement, community involvement, interests, and achievements. Your résumé should not exceed two (2) typewritten pages. **Please tailor your résumé for our criteria, not for employment.** Be thorough and complete; we can only know you through the information you provide us.

## SECTION 7: DECLARATION

**Declaration:** I certify that the information provided in this application is true. By signing and submitting this form, I agree to allow my name and picture to be used by CFUW Sudbury's website and other promotions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_