

**REV. DR. DONALD D. AND MRS. EVELINA SKEIR
MEMORIAL SCHOLARSHIP FUND**

APPLICATION DEADLINE: July 30TH of each year
(Late applications will not be accepted after this date)

Name of Applicant _____ Male ___ Female ___

Date of Birth: (mm/dd/yy) ____ / ____ / ____

(PERMANENT ADDRESS)

Number & Street Name Apartment #

City Province Postal Code

(ALTERNATE ADDRESS)

Number & Street Name Apartment #

City Province Postal Code

Home Phone #: _____ Cell #: _____

Email Address: _____

Parent/Guardian Name & Address

Number & Street Name Apartment #

City Province Postal Code

Have you been a resident in Nova Scotia for the last five years? Yes () No ()

Are you a member/adherent of a church within the AUBA? Yes () No ()

Name of the Church you attend and your involvement?

Intended Study this year: _____ / _____
Undergraduate Institution

Name of University or College you are attending:

Have you been accepted for the year: (20 ____) / (20 ____) Yes () No ()

What are your future objectives or goals? (Please use an extra paper for details)

Character references (non-family members & non-relatives)

1) Name: _____ Phone: _____

Address: _____

2) Name: _____ Phone: _____

Address: _____

The following criteria must accompany your application:

(Assigned Student ID Number) ()

(Reference Letter from the current pastor of your church or Chairperson of the Deacon Board) ()

(Copy of Transcript of marks from final term) ()

(Applicants must have a minimum of a **Grade B Average of 75**) ()

(Acceptance letter from University or College confirmation of enrollment) ()

We encourage our students to pursue excellence in education:

High school graduates and qualified students who are planning to enroll in fulltime university or college programs in the fall, and who meet the guidelines as set out by "**Rev. Dr. Donald D. & Evelina Skeir Memorial Scholarship Fund**" are invited to apply.

Scholarship applications may be obtained from the Department of Education, Chair of the Education Committee or any Scholarship Member or your local church.

**REVEREND DR. DONALD D. AND MRS. EVELINA SKEIR
MEMORIAL SCHOLARSHIP FUND**

GUIDELINES

The Scholarship will be called the **REV. DR. DONALD D. AND MRS. EVELINA SKEIR MEMORIAL SCHOLARSHIP FUND.**

This Scholarship was established by the children of the late Reverend Dr. Donald D. & Mrs. Evelina Skeir to perpetuate the contributions of their parents to the church and society.

The Scholarship will be administered by the Board of the Reverend Dr. Donald D. & Mrs. Evelina Skeir Memorial Scholarship Fund.

The amount (s) of the Scholarship will depend on availability of monies in the Fund.

The Scholarship is open for donations and pledges from the public and private sector.

The scholarship is awarded to students entering University or College for the first time.

Applicant's Signature _____ **Date** _____

**All applications and supporting documents
must be submitted by July 30th of each year by 5:00 PM**
(Late Applications will not be accepted after this date and time)

Please submit applications to: Education Scholarship Committee
Attention: Mrs. Paulette Skeir-Slawter
195 Lake Loon Road,
Dartmouth, N.S., B2Z 1A5
Phone: (902) 802-4383

Thank you!