Application Form

The Louise MacMillan Memorial Scholarship

1. ***Name:*** _____

   Address: _____

   Phone Number: _____

   Date of Birth: _____

   Place of Birth: _____

   Parents/ Guardians: _____

   Name of WI member, branch and relation to you : _____

   _____

   Number of Younger Siblings: _____

   Number of Siblings attending university or college: _____

2. ***Please indicate any awards\scholarships received for the coming academic year.***

   _____

3. **EDUCATION**

   Elementary School: Where: _____ When :_____

   High School: Where: _____ When:_____

   Post Secondary Institution: _____

   Date of Enrollment: _____

3. **Include** ***academic record*** from previous school year.

4. **Include** ***personal resume***.

5. **Include** references from a ***former teacher*** and from ***clergy*** or an ***employer.***

6. Write a maximum of **(250 words)** on ***"The Importance of Involvement Within Your Community"***

Please mail this application to:

P.E.I. Women's Institute Office
C/O Royalty Centre
40 Enman Cres.
Charlottetown, PEI
C1E 1E6

Closing Date - May 31