

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