P.O. Box 20065-Tower Hill, Richmond Hill, ON, L4E 0K9

SCHOLARSHIP PROGRAM APPLICATION FORM

GENERAL INFORMATION FOR APPLICANTS

1. Applications should be completed with supporting documentation, in duplicate, to the following address:

ASMAC., P.O. Box 20065-Tower Hill Richmond Hill, ON L4E 0K9

Attention: ASMAC Manager, Mauricio Martinez

2. All applications received will be acknowledged by ASMAC.

one year in order for the applicant to qualify.

The documents must be received at the ASMAC P.O. box by September 8th, 2023.

3.	The parent or guardian of the applicant must have been an employee of a member of ASMAC for a minimum of

4. The successful applicant will be advised of the scholarship award by the ASMAC President

SECTION ONE: General Information

		(First name, or commonly used name)				
ress:						
		(Apt#)				
	(Province)	(Postal Code)				
		(Area Code & Telephone Number)				
Name and address of parent or legally appointed guardian:						
	ress of parent or le					

SECTION TWO: Educational Background

			m 1 -	<u>Dates</u>	Grades
	Name of School	Address	Telephone	From: To:	Completed
	t any diplomas earned (acational institution	i.e. night school co	ourses, conservator	y of music, etc.) if	f any, and name the granting
	a)				
	b)				
	c)				
sec sup	ondary school attended	by the applicant. Sterial should be ori	Supporting docume	nts including the t	in the last <u>two</u> years of transcript of marks, letters of e returned to the applicant on
202	22 Year End and Gene	ral Average:			
200	23 General Average to	1			

SECTION THREE: Additional Information

1.	Briefly list clubs and organizations within the school in which the applicant participated. Please indicated of participation and any offices held (if more space is needed, please attach an additional sheet)	e dates
	a)	
	b)	
	c)	
2.	Briefly list any involvement in community groups outside school and/or contribution to the life of the community. Please indicate dates of participation and any offices held. (if more space is needed, please an additional sheet)	attach
	a)	
	b)	
	c)	
SE 1.	Name and address of university or college to which the applicant has been admitted:	
2.	Name of program to be studied:	
3.	Name of diploma or degree to be earned:	
4.	Commencement date of college or university program:	
5.	Number of years normally required to complete this degree/diploma:	

 Make a brief statement or sum long-term goals 	ımary of your plans as	s they relate to your educational a	and career objectives and
·			
SECTION FOUR: Financial Info	ormation		
STUDENT INFORMATION			
Gross Income Survey 2021	2022	Estimated 2023	
Other Scholarships or Bursaries a	warded for 2023		
Value of Scholarships or Bursarie	es Awarded for 2023_		
Date	Si	gnature of Applicant	