

PATHFINDER ACADEMIC SCHOLARSHIP APPLICATION FORM

Exhibit A1: Contact Information

Please fill in the identification table below.

Your Name	First:		I and	
Your Name	rirst:		Last:	
Sex	Male:		Female:	
Phone Number				
Email Address				
Date of Birth	Day:	Month: year:		
		,		
Your Address	Number / Stre	eet	City / Province	Postal Code
School Name				
School Address	Number / Stre	eet	City / Province	Postal Code
School Phone				
Name of School	Princinal			
Italiic of ochoor	Ппора			
School support l	etter from			
Community support (outside of pate)	oort letter from hfinders)			
Pathfinder Dire				
endorsement le	etter			
Pathfinder Club &		Club Name:		
Church Affiliation				
		Church Name:		
Lam accomments.		Master Guide	MCT	
I am currently		Date Certified	MGT	
		Master Guide Club Affilia	— tion:	
		and the control of th		

Exhibit A2: Career Objectives

Type in your possible career objectives? If you have more than one, number them 1, 2 & 3.

Program of Study	Sample of possible careers	Career Objectives
Business and Management	Accounting, Financial Services, Business Admin	CGA

Exhibit B: Goals and Aspirations

Discuss your future goals and aspirations.	Note: Fewer than 150 words

Exhibit C: Post Secondary Educational Pursuit

To what post secondary programs/training or institutions have you applied? Why? Note: Fewer than 100 words.				
Institution/Program	Why?			

Exhibit D: Demonstration of Impact of Pathfindering

	r own <u>meaningful</u> experiences that demons ade a difference in the community. Note:		our training in
	nteer Service and Awards eadings and format list in the charts below he	ow you have shared your skills	and talents with
	ow to calculate total hours: 2hrs./wk X 30	wks/yr X 4 yrs. = 240 hrs. To	otal
1) My volunteer expe	eriences that gave me <u>school credits</u> includ	e: (Seeexample below highlig	ghtedingray.)
Experience: My role & location	Explanation: what did you do	Date Started - Date ended	Total Hours
Teaching assistant at Sunnyview	Worked with disabled kids John Smith – jsmith@sunnyview.org	Sept 2007 – June 2008	40
2) My volunteer exp	eriences in the SCHOOL include: (Exclude)	ding those described in num	ber 1)
Experience: My role	Explanation: what did you do	Date Started – Date ended	Total Hours

Experience My role &		Explanation: what	did you do		Date Started - Date en	ded	Total Hours
wy role &	iocation						
l) My Ach	ievement	s and Awards receive	ed include:				
Year	Awar	d	Prov	ide one	ine description if not o	bvio	us
Exhibit	F: Sc	hool Support Lette	er				
have atta	ched my S	CHOOL support lette	er				
Exhibit	G: Co	mmunity Support	Letter				
have atta							
nave alla	cnea my c	COMMUNITY support	ietter			Ш	
Exhibit	H: Pa	thfinder Club Di	rector End	orseme	ent Letter		
have atta	ched my C	lub Director's support	letter				
Exhibit I	Official S	Student Transcript	t				
have atta	ched my S	tudent Transcript					
CHECK 8	& DOUBL	E CHECK					
,		llated in order from			Н		
		n in the top left corner			ion year (no exceptions	Α.	
issing or misle	eading informa		ation. The decision	of the schol	arship committee is final. Awardee		e to a formal present
Mail to:	- Pathfinde	er Department Conference			to: pathfinders@adventistontario	o.org	
	1110 Kin	g Street East,					
		Ontario L1H 1H8			or Fax: 1-905-5	71 500	·-