

Beginning in 1936 an organization of local women provided bursaries and scholarships to students pursuing their educational dream on an annual basis. After 85 years the club opted to dissolve and transferred the remaining assets to the Community Foundation. This created the University Women's Club Scholarship which is built on the premise of women helping women.

The annual scholarship is given to an individual who, in the opinion of the scholarship committee, demonstrates a combination of academic potential, financial need and is able to demonstrate their intent to bring about change, with particular reference to women's issues.

Scholarship Guidelines

Please review these guidelines prior to completing the application form.

Eligibility:

You must:

1. Be enrolled and attending classes in a university or college programme;
2. Be a resident of Lambton County;
3. Be a Canadian Citizen or landed immigrant;
4. Have financial need as demonstrated by the application document;
5. Provide evidence of community involvement.

Application & Payment Process:

1. Complete the scholarship application form and include all required documents.
2. Send or deliver a paper copy of your application to the Foundation office **110-560 Exmouth Street, Sarnia ON N7T 5P5** before the deadline of **NOVEMBER 15TH** (if the 15th is a weekend day then the deadline moves to the next business day).
3. Once SCF has the application:
 - An email acknowledging the receipt of the application will be sent.
 - All applications are forwarded for consideration to the Scholarship Committee.
 - The Scholarship Committee will contact your references and may also contact you if they need more information.
 - The successful applicant is notified after the decision is made by phone and email. The award will be made by cheque to the recipient or to the academic institution as determined by the recipient.
4. Funds will be released at a mutually agreed date and time to be determined by the Scholarship Committee and the Sarnia Community Foundation. Scholarship recipients are expected to attend the presentation in person.

For more information, contact the Grants Administrator
Phone : 519 332 2588 E-mail : office@sarniacommunityfoundation.ca

The Sarnia Community Foundation has a privacy policy that protects personal information. Any personal information requested on this application will only be used to assist with the assessment of the application. A copy of the application form and supporting documents may be kept for audit purposes.

PERSONAL INFORMATION

Please answer the following questions.

1. What programme of studies are you enrolled in? When do you expect to graduate?
2. Describe what led you to choose this field of study
3. How will this bring about change in your life or in the lives of others?
4. What are you involved with in the community?
5. How do you intend to make a difference in the lives of others?

Declaration:

I certify that the information in this application is true and accurate.

Signature of applicant

Date:

By signing the application the applicant gives SCF permission to publish their name and photograph in relation to the scholarship if they are the recipient. All other information will remain confidential

Evidence of residency in Lambton County

TWO References

The names and contact information (phone # & email) of two people other than a family member or relative who can speak on your behalf. One should be an individual qualified to speak on your academic studies. The second should be someone who has knowledge of your community involvement.

1. Name:

2. Name:

It is the responsibility of the applicant to inform these individuals that they will be contacted by the Scholarship committee.

Information about your academic standing - This should be a copy of your most recent transcript.

Information on your financial need.

Income		Expenses	
Expected Earned Income	\$	Tuition	\$
Other Scholarships/ Bursaries	\$	Books	\$
Government Income	\$	Lab Fees	\$
Student Loans	\$	Housing Costs	\$
Other (Specify)	\$	Utilities	\$
	\$	Food	\$
	\$	Transportation	\$
	\$	Medical/Dental	\$
	\$	Miscellaneous (Specify)	\$
TOTAL of estimated INCOME	\$	TOTAL of estimated EXPENSES	\$

Please Note:

Should you be selected as the scholarship recipient you will be required to provide the Foundation with your full legal name, and your Social Insurance Number. This information is required for audit purposes at the Foundation and will only be used as required by the distribution of scholarship funds.