



West Coast College of **MASSAGE** Therapy

## HARRY GOLDSTEIN MEMORIAL ENTRANCE SCHOLARSHIP APPLICATION

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City Province Postal Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

### ACADEMIC ACHIEVEMENT

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  GPA: \_\_\_\_\_

College/ University: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  GPA: \_\_\_\_\_

Biology/Health Related Sciences Marks:

Course Title: \_\_\_\_\_ Grade Achieved: \_\_\_\_\_

Course Title: \_\_\_\_\_ Grade Achieved: \_\_\_\_\_

Course Title: \_\_\_\_\_ Grade Achieved: \_\_\_\_\_

**\*\*Please note that copies of ALL transcripts must accompany this application**

### CONTRIBUTIONS TO SCHOOL AND/OR COMMUNITY

*In a brief essay (if more space required, attach as a separate document) of no more than 500 words please outline how you have contributed to your school, community, etc. Please list your volunteer experience, what motivated you to make this difference and what positive outcomes your commitment and dedication have made. Please supply a letter of reference from a school counsellor or volunteer organization attesting to your accomplishment (this letter can also be used as one of your references in your application package).*


## FINANCIAL AID

MONTHLY INCOME / EXPENSE SUMMARY			
INCOME DESCRIPTOIN	TOTAL	EXPENSE DESCRIPTION	TOTAL
<i>eg. Employment</i>	\$ 2,000.00	<i>Rent/Mortgage</i>	\$ 900.00
		<i>Cell Phone</i>	\$ 100.00

*In a brief essay (if more space required, attach as a separate document) of no more than 500 words please outline any financial hardships which you are presently facing which may impede your ability to successfully complete our RMT program of study without the assistance of an entrance scholarship.*


## DISCLAIMER AND SIGNATURE

*I, \_\_\_\_\_, certify that my answers are true and complete to the best of my knowledge. I further acknowledge and confirm that I understand that should I be granted an entrance scholarship and leave the program of study at WCCMT for any reason prior to my successful completion, I will be required to reimburse WCCMT the full \$2,000.00 scholarship amount awarded to me.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_