



## HARRY GOLDSTEIN MEMORIAL ENTRANCE SCHOLARSHIP APPLICATION

This scholarship is awarded in the memory of Harry Goldstein (November 7<sup>th</sup>, 1920 – September 3<sup>rd</sup>, 2013). Harry Goldstein was a successful businessman, beloved father and grandfather and most importantly of all, a man of great character and integrity. The recipients of these scholarship awards will demonstrate these characteristics by way of their Volunteerism and Academic achievements along with a financial need.

### APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Intake Date: \_\_\_\_\_  
*Last First Name Initial*

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

\_\_\_\_\_ *City Province Postal Code*

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

### CONTRIBUTIONS TO SCHOOL AND COMMUNITY

In a brief essay (no more than 500 words) please outline how you have contributed to your school, community, church, 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 at least one supporting document from a volunteer organizations you have worked with that outlines the hours of your commitment and the activities you have performed. Please note, greater consideration will be given to those applicants whose volunteerism sponsors a variety of environments (school, community, church, etc.)

### ACADEMIC ACHIEVEMENT

*Please note that a copy of each applicable transcript must accompany this application.*

High School: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

College/University: \_\_\_\_\_ Year of Graduation: \_\_\_\_\_ GPA: \_\_\_\_\_

Biology and Health Related Science Marks:

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

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

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

## FINANCIAL NEED

In a brief essay (no more than 500 words) please outline any financial hardships which you are presently facing which may impede your ability to successfully complete the RMT program of study without the assistance of the scholarship. Please also complete the Monthly Budget Worksheet below – note, this form is designed to reflect your income/expenses once you begin your program at the College. Further note, you do not have to have a negative “net” to be considered for the scholarship

INCOME (MONTHLY) – Once you begin your program	AMOUNT	MONTHLY TOTAL
Student Loan		
Student Line of Credit		
Employment		
Outside Support (family/friends)		
Other (please explain)		
		(A)
EXPENSES (MONTHLY) - Once you begin your program		
Tuition		
Books / Supplies		
Rent		
Car (insurance/gas, etc.)		
Food		
Phone		
Misc./Bills		
Clothing		(B)
NET (A-B)		

## 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 awarded to me.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

### *FOR OFFICE USE ONLY:*

Date Application Received: (must be prior to application Deadline)	
Volunteerism Essay	
Letter of Support from at least one Volunteer Agency	
Transcript of Grades – High School	
Transcript of Grades – College / University	
Financial Need Essay	