

# Ron Smyth Kim Halliday Scholarship Nomination Form

**PERSONAL INFORMATION**  
**YOUTH**  
(completed by *mentoring organization*)

Name in Full:	
Date of Birth:	
Home Address:	Postal Code:
Home telephone:	Email Address:
Name of High School (if applicable):	Date of graduation:
Parent/Guardian's name:	Parent/Guardian's name:
Number of brothers and sisters (please include ages):	
Learning area of focus:	
Desired school:	

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**Approximate annual income range of your household**

☐ \$30,000 or less      ☐ \$31,000 - \$50,000      ☐ \$51,000 - \$75,000      ☐ \$100,000 plus

**(Documented proof of annual household income may be required at a later date)**

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<p>Name of nominating Community Based Organization:</p>  <p>Contact person:</p> <p>Telephone:</p> <p>Email:</p>
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Contact person:

Telephone:

E-mail:

Role support team member will play:

Contact person:

Telephone:

E-mail:

Role support team member will play:

Contact person:

Telephone:

E-mail:

Role support team member will play:

Nomination information: please describe the strengths and assets of the **young** learner, as well as the capacity of your organization to play a mentoring role).

EXTRACURRICULAR ACTIVITIES

*(completed by the youth)*

List extracurricular activities in which you have participated and specify the nature of your involvement in each.

Please mention any personal circumstances you think might be relevant to this application.

## EXPECTED EXPENSES

Please outline all expected expenses related to education to be covered by the Kim Halliday Memorial Community Mentorship Scholarship (including but not limited to: books; tuition; computer; meals; travel; etc.). Receipts will be requested. Up to a maximum of \$5,000.	
Expense amount	Description
Total:	