

# 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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Name of nominating Community Based Organization:

Contact person:

Telephone:

Email:

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

<p>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.</p>	
Expense amount	Description
Total:	