

# R.H.DOUGLAS SCHOLARSHIP APPLICATION

## INSTRUCTIONS

1. Please fill out clearly and in capital letters the information requested.
2. Submit the completed and signed application, in pdf format to [douglasscholarship@gmail.com](mailto:douglasscholarship@gmail.com) no later than April 1<sup>st</sup> of the year preceding the academic period for which financial assistance is being requested.
3. A completed application should include pdf scans of the following documents:
  - a. Two letters of recommendation;
  - b. Proof of acceptance and/or enrolment at one of the Eligible Schools;
  - c. Up to date official transcripts from each secondary and post-secondary school attended;
  - d. Standardized test results (ESL, SAT, GMAT, LSAT, etc).
  - e. Passport photo.
4. If this application is incomplete, inaccurate, or not signed, it will not be considered.

## PERSONAL

Applicant Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Citizenship: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

## TARGET PROGRAM TOWARDS WHICH FUNDS ARE TO BE APPLIED

College: \_\_\_\_\_ Target Degree & Major: \_\_\_\_\_

Graduate/Undergraduate: \_\_\_\_\_ Year of program (1<sup>st</sup>, 2<sup>nd</sup>, etc): \_\_\_\_\_

Academic Year: \_\_\_\_\_ Target Graduation Date: \_\_\_\_\_

## ACADEMIC HISTORY (STARTING WITH HIGH SCHOOL)

Start Date	End Date	School / College	Course of Study	Degree Obtained	GPA
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**STANDARDIZED TEST RESULTS**

Test	Date	Result	Percentile
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**HONORS AND AWARDS**

Date	Name	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**WORK EXPERIENCE**

Dates	Employer	Position & Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OTHER EXTRACURRICULAR ACTIVITIES**

Dates	Activity	Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FINANCIAL NEED FOR THE ACADEMIC YEAR BEING APPLIED FOR**

Cost	Amount (USD)	Source	Amount (USD)	Source Description
Tuition:	_____	Personal Savings:	_____	_____
Books & Supplies:	_____	Family Contribution:	_____	_____
Room & Board:	_____	Grants & Scholarships:	_____	_____
Transportation:	_____	Work:	_____	_____
Personal Expenses:	_____	Student Loans:	_____	_____
Other:	_____	Other:	_____	_____
<b>TOTAL COSTS:</b>	_____	<b>TOTAL SOURCES:</b>	_____	

**UNMET FINANCIAL NEED  
(TOTAL COSTS MINUS TOTAL SOURCES):**

\_\_\_\_\_

Please use this space to provide any further description to how you estimated the above Costs and Sources:

**FAMILY FINANCIAL CAPACITY**

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

City/Country: \_\_\_\_\_ City/Country: \_\_\_\_\_

Position: \_\_\_\_\_ Position: \_\_\_\_\_

Annual Income (USD): \_\_\_\_\_ Annual Income (USD): \_\_\_\_\_

Father's Contact Phone: \_\_\_\_\_ Mother's Contact Phone: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_ Employer Contact Name: \_\_\_\_\_

Employer Contact Phone: \_\_\_\_\_ Employer Contact Phone: \_\_\_\_\_

Spouse Name: \_\_\_\_\_

Employer: \_\_\_\_\_

City/Country: \_\_\_\_\_

Position: \_\_\_\_\_

Annual Income (USD): \_\_\_\_\_

Spouse Contact Phone: \_\_\_\_\_

Employer Contact Name: \_\_\_\_\_

Employer Contact Phone: \_\_\_\_\_

**TOTAL FAMILY ANNUAL INCOME (USD):**

\_\_\_\_\_

*Note: The R.H.Douglas Scholarship Foundation reserves the right to contact the Applicant's spouse, parents and their employers to verify the family financial capacity information provided above. Our goal in doing so is ensuring that we continue to support the Applicants with a genuine financial need that can't be met from family contribution or from other sources.*

## **PERSONAL OBJECTIVES AND CHARACTER**

Please provide on a separate typewritten sheet your responses to the following questions (maximum half-a-page of single-spaced 12 font text for each question):

- What are your career objectives in 10, 20, and 30 years after graduation?
- If you were going on a mission to the Moon that would last at least 2 years, and were allowed to take one partner from all the people you personally know, who would you take? Without identifying the person, please describe this person and what made you select him/her specifically?
- If you had to pick one event in your life that had the largest impact on you, what would it be? Please describe the occurrence and the lessons you drew from it.

## **MENTORING**

Select applicants may be offered ongoing mentorship from one of the program Trustees.

Please indicate if you may be interested in being a mentorship program: \_\_\_Yes / No\_\_\_

**I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee and scholarship donor(s). I hereby authorize the scholarship selection committee to contact my family members and their employers for the verification of the provided family financial capacity information.**

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