

# J. A. Carroll Scholarship Application Form

Registrar's Office Halifax NS B3M 2J6 (902) 457-6351 FAX (902) 457-6498 [financial.aid@msvu.ca](mailto:financial.aid@msvu.ca)

Established by Julie Ann Carroll, BA '63, this scholarship is awarded annually to female student over 30 years of age enrolled in any undergraduate program. Preference will be based on involvement in student and community organizations and class participation. Preference will not be based on financial need except in the case of a tie.

## Personal Information

_____	_____	_____		
Student ID#	Last Name	First Name(s)		
_____		_____	_____	_____
Permanent Address Information		Town/City	Province	Postal Code
_____		_____	_____	_____
Local Address Information (if different from above)		Town/City	Province	Postal Code
(____) _____	(____) _____	_____		
Home Phone Number	Other Phone Number	Mount Email Address		
_____		<input type="checkbox"/> Full-Time Studies		
Program of Study		<input type="checkbox"/> Part-Time Studies		

## Application Information

### Letters of Recommendation

Please submit two letters of recommendation from faculty with this form.

### Academic Plans

On a separate sheet, please provide a brief statement of why you have decided to attend university, why you chose your program and your long-range goals. Please elaborate on the relationship between your career and educational plans.

### Personal Information

On an attached sheet, please provide appropriate information on dependents you may have, your employment status (employment refers to both paid and volunteer work) and whether you worked before attending university.

### Additional Information

Is there any other information you would like the Scholarship Committee to know about you? Feel free to include a résumé and other related documents.

## Application Deadline: May 15

Return your completed application to:  
Chair, Undergraduate Admissions, Scholarships and Awards Committee  
Registrar's Office  
Evaristus Hall, Room 207  
Mount Saint Vincent University  
Halifax, NS B3M 2J6 OR  
[financial.aid@msvu.ca](mailto:financial.aid@msvu.ca)

\_\_\_\_\_

Date

\_\_\_\_\_

Student Signature