

Soci t  Alzheimer Society

CHATHAM-KENT

Scholarship Writing Program Application

All entries must be received no later than 4:00 pm on October 29, 2010. Entries received after the date will not be considered. **All areas of the application must be completed in order for the application to be considered.**

GENERAL INFORMATION – Please print neatly and in black ink.

APPLICANT INFORMATION	
Applicant's Name: _____ Last First	Male: <input type="checkbox"/> Female: <input type="checkbox"/>
Address: _____ Number and Street Apartment	Date of Birth: _____ MM/DD/YY
_____ City Province Postal Code	
Home Telephone: (____) _____ Cell Phone: (____) _____	
Email: _____	
EDUCATION	
Name of High School Attending (if applicable) _____	
Name of High School Principal: _____	
Post Secondary Program Enrolled in (if applicable): _____	
Post Secondary Education Entry Date: _____	
ESSAY INFORMATION	
Topic of Essay: _____	Word Count: _____
Reason for Topic Choice : _____	

Applicant Name: _____ Signature: _____

Parent/Guardian Name (if under 18): _____ Signature: _____

Entries may be hand delivered or mailed to the **Alzheimer Society of Chatham-Kent, 36 Memory Lane, Chatham, ON N7L 5M8.**