



Apex Golf Association Scholarship Application

Student Name _____ Telephone Number _____

Mailing Address _____

Educational Institution _____ Grade ____ Are you of African Ancestry? ____

Male ____ Female ____ Preferred Status _____

**Social Insurance Number required when bursary awarded

Academics:

Name of Institution that you are attending _____

(Cheques will be made payable directly to the educational institution to which you have been accepted)

Program of Study _____

Other academic information or accomplishments (use separate page if required):

Community participation or involvement (use separate page if required):

Please include with application:

1. Short essay on your future educational plans and career goals
2. Final transcript
3. One reference (Teacher, Guidance or Administration)
4. Acceptance letter post-secondary institution

Scholarships will be based on the final transcript from your school and the assessment of the Committee.

All applications are to be forwarded to:

Butch Borden
e. butchborden@icloud.com
t. (902) 899-8628

Jude Clyde
e. clykejc@live.com
t. (902) 893-8254

Wayne Talbot
e. wayne.talbot@bellalliant.net
t. (902) 895-2986

DEADLINE: July 15th

Note: Applications will not be processed if any of the above information is not received