



# Paul Wacko Memorial Scholastic Award

## ST. FRANCIS XAVIER UNIVERSITY

Antigonish, Nova Scotia

E-mail: [www.stfx.ca](http://www.stfx.ca)

### APPLICATION FORM

**TO:** Applicants, High School Guidance Counselors and Alumni Members

**HISTORY:** The award has been established in memory of Paul Wacko, Class of 1954 to provide an annual scholastic award for students from Northern Alberta who plan to attend St. Francis Xavier University full time.

**VALUE:** Scholarship Awards of up to \$1,500 will be granted. The recipient will be eligible for renewal for up to three additional years, if the candidate completes 30 credits per year with a 70% or higher average and is approved by the committee.

**ELIGIBILITY:** The following criteria will guide this Scholastic Award:

- Graduate of a high school in Northern Alberta with preference given to graduates from Edmonton.
- Demonstrate financial need.
- Demonstrate leadership achievements in community or school affairs as reflected by extra curricular activities.
- Provide two letters of reference outlining the applicant's leadership ability and participation in extra curricular activity.

**INSTRUCTIONS:** Applicants shall complete Section I and send this form to the StFX Scholarship Office along with official high school transcripts and two letters of reference, covering the area of academics, leadership achievements in community or school affairs as reflected by extra curricular activities.

**DEADLINE:** March 31<sup>st</sup>

## SECTION I

(Please type or print clearly using a black pen)

1. Name: \_\_\_\_\_  
(Surname) (Full Given Names)

Address: \_\_\_\_\_  
(Street – P.O. Box) (City) (Postal Code)

Date of Birth: \_\_\_\_\_  
(Day/Month/Year) (Telephone No.)

\_\_\_\_\_  
(E-mail)

2. Father: \_\_\_\_\_  
(or Guardian) (Name) (Occupation) (Employer)

Mother: \_\_\_\_\_  
(or Guardian) (Name) (Occupation) (Employer)

Dependent Brothers and Sisters: \_\_\_\_\_  
(Number) (Ages) (Status: at home or in school)

3. High School Attended: \_\_\_\_\_  
(Name)

School Address: \_\_\_\_\_  
(Street – P.O. Box) (City) (Postal Code)

School Contact Person: \_\_\_\_\_  
(Name) (Position)

\_\_\_\_\_  
(E-mail) (Telephone Number)



