

**Reid Scholarship Application  
2020**

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***“To recognize and encourage a worthy Barrie secondary school graduating student of modest means who is pursuing studies at University, College or equivalent.”***

This award is given to recognize the talent, effort and hard work needed for a **student of modest means**, who has made a contribution to the quality of life at the school and/or the community, to continue their formal training or education. The goal of the award is to make a significant contribution to a **deserving student**. The Reid Scholarship will help the recipient overcome the financial challenges accompanying the desire to gain access to university or college (or equivalent) study.

One award of \$2,500 will be paid annually to the winner for a maximum of 4 years pending satisfactory proof of continued acceptance and progress towards a degree/diploma. Additional awards have been common in the past for other successful applicants.

The student, through their record, must demonstrate the needed talent and application to have a strong chance of success at their studies.

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PARENT/GUARDIAN MARITAL STATUS: \_\_\_\_\_ NO. OF DEPENDENTS \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

TEMPORARY ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

SCHOOL YEAR FOR WHICH YOU ARE APPLYING: \_\_\_\_\_

YEAR OF GRADUATION: \_\_\_\_\_ FINAL YEAR AVERAGE: \_\_\_\_\_

NAME OF POST-SECONDARY INSTITUTION WHICH YOU INTEND TO ATTEND  
(INCLUDE COPY OF ACCEPTANCE LETTER, IF AVAILABLE):

\_\_\_\_\_

PROGRAM OF STUDY: \_\_\_\_\_

EXPECTED YEAR OF COMPLETION DEGREE OR DIPLOMA: \_\_\_\_\_

CAREER YOU HOPE TO PURSUE: \_\_\_\_\_

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PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION:

1. LETTER(S) FROM SCHOOL OR COMMUNITY MEMBER INDICATING YOUR SCHOOL OR COMMUNITY INVOLVEMENT.
2. COPY OF ACCEPTANCE LETTER FROM POST-SECONDARY INSTITUTION WHICH YOU INTEND TO ATTEND (if available).
3. ON AN ATTACHED SHEET, A STATEMENT OF ADDITIONAL INFORMATION RELATED TO YOUR LEARNING EXPERIENCES AND INTENTIONS FOR YOUR FUTURE, and, (if applicable), YOUR PARENTS'/GUARDIANS' INCOME/ASSETS AND NUMBER OF DEPENDANTS.

**ESTIMATED EXPENSES FOR SCHOOL YEAR (INCLUDING INFORMATION SOURCE)**

TOTAL TUITION FEE PER YEAR: \$ \_\_\_\_\_

BOOKS, TOOLS, INSTRUMENTS: \$ \_\_\_\_\_

RESIDENCE/ROOM & BOARD: \$ \_\_\_\_\_

OTHER (SPECIFY): \$ \_\_\_\_\_

TOTAL EXPENSES: \$ \_\_\_\_\_

**FINANCIAL RESOURCES**

HAVE YOU APPLIED FOR AN ONTARIO STUDENT ASSISTANCE PROGRAM?

YES:      OR      NO:

AMOUNT OF APPROVED LOAN: \$ \_\_\_\_\_ GRANT: \$ \_\_\_\_\_

NAME OF AWARDS YOU ANTICIPATE RECEIVING  
-INCLUDE ENTRANCE SCHOLARSHIPS ETC.:

\_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

\_\_\_\_\_ AMOUNT \$ \_\_\_\_\_

AMOUNT YOU EXPECT TO CONTRIBUTE FROM  
YOUR PART-TIME, SEASONAL, AND / OR SUMMER EMPLOYMENT  
TOWARD SCHOOL EXPENSES: \$ \_\_\_\_\_

TOTAL FAMILY INCOME: \$ \_\_\_\_\_

AMOUNT YOU EXPECT YOUR  
PARENTS'/GUARDIANS' TO CONTRIBUTE: \$ \_\_\_\_\_

OTHER SOURCES OF INCOME: SPECIFY \$ \_\_\_\_\_

TOTAL STUDENT INCOME: \$ \_\_\_\_\_

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I \_\_\_\_\_ HEREBY APPLY FOR THE REID SCHOLARSHIP.

UNDER THE TERMS OF THE REID SCHOLARSHIP I HEREBY DECLARE THAT ALL INFORMATION GIVEN IS COMPLETE AND ACCURATE AND THAT I WILL BE A FULL-TIME STUDENT FOR THE ACADEMIC PERIOD STATED, AND THAT THE FINANCIAL AID IS ESSENTIAL TO ENABLE ME TO CONTINUE MY POST-SECONDARY EDUCATION, AND THAT IF I AM APPROVED AS A RECIPIENT, I WILL USE THE PROCEEDS OF MY AWARD FOR PAYMENT ONLY OF EDUCATIONAL FEES AND LIVING COSTS DIRECTLY RELATED TO MY COURSE OF STUDY.

ALL SUBMISSIONS ARE CONFIDENTIAL TO THE COMMITTEE OF AWARD WHICH MAY INCLUDE TRUSTEES AND / OR SENIOR ADMINISTRATION OF THE SIMCOE COUNTY DISTRICT SCHOOL BOARD (SCDSB). AS LONG AS MR. AND MRS. REID OR THEIR DESIGNATE WISH TO DO SO, THEY WILL MAKE THE FINAL DETERMINATION AS TO THE RECIPIENT OF THE AWARD. THE COMMITTEE OF AWARD RECOGNIZES THAT MR. AND MRS. REID OR THEIR DESIGNATE WILL CONTINUE TO MAKE THE FINAL DETERMINATION UNTIL THEY INFORM THE COMMITTEE OF AWARDS OTHERWISE.

**Declaration of Parent/Guardian**

I declare that the information provided above is accurate. I understand that this information is being used in support of my child's application for the Reid Scholarship and that it will be used only for this purpose. I understand that if my child is not the successful applicant, the information on this application will be destroyed six months after the selection process is completed. **If you are unable to provide a scanned copy of this page containing parent/guardian signature, please provide a parent/guardian contact number, and a Simcoe County District School Board staff member will call the parent/guardian contact to receive a verbal declaration regarding the information provided.**

Signature of Parent/Guardian Or contact number of Parent/Guardian	Print Name	Date
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Signature of Applicant	Print Name	Date
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**Attachments**

- Letter(s) of School or Community Member Involvement
- Post-Secondary Institution Acceptance Letter (if available)
- Statement of Additional Information

**Please note that applications must be received by June 3, 2020.**  
**Please forward completed application via your Simcoe County District School Board student email address, or via mail if email is not possible. Mailed packages must be postmarked no later than June 3, 2020.**  
**to: The Committee of Award – Reid Scholarship**  
**c/o Jennifer Henry [jhenry@scdsb.on.ca](mailto:jhenry@scdsb.on.ca)**  
**Simcoe County District School Board**  
**1170 Highway 26**  
**Midhurst, ON L9X 1N6**

Please contact Corry Van Nispen at [cvannispen@scdsb.on.ca](mailto:cvannispen@scdsb.on.ca) if you have any questions regarding this scholarship.