

**D.A.R.E. Canada Fundy Inc.**  
**James Hill Memorial Scholarship**  
**District 8**  
(Value. \$500.00)

NAME: \_\_\_\_\_

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

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

NUMBER OF DEPENDENT CHILDREN: \_\_\_\_\_

YOUR FUTURE PLANS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

UNIVERSITY OR TECHNICAL SCHOOL: \_\_\_\_\_

ARE YOU PRESENTLY WORKING PART-TIME? \_\_\_\_\_

WHERE: \_\_\_\_\_

**LETTER OF REFERENCE FROM PRINCIPAL OR TEACHER (TO INCLUDE MARKS AND IF ANY PARTICIPATION IN NON-ACADEMIC ACTIVITIES) TO BE ATTACHED.**

**REQUIREMENTS:**

- 1.) Drug Free
- 2.) Must have completed D.A.R.E. program.
- 3.) D.A.R.E. Certificate (if available)
- 4.) Financial Need

APPLICATION TO BE SENT TO:

D.A.R.E. Office  
c/o Cathy Hayward  
P.O. Box 1971  
Saint John, NB  
E2L 4L1

Fax: (506) 674-4228

Or if you wish to drop it off in person you can  
find us on the 7th floor of City Hall.

RETURN BY