

D.A.R.E. Canada Fundy Inc.
James Hill Memorial Scholarship
District 6
(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 Norm Adams
530 Main Street
Hampton, NB
E5N 6C3
Fax: (506) 832-5417

RETURN BY MAY 15, 2007