



2019

Memorial Scholarship Package

Given this year in memory of
John Richard Reid

Given this year in memory of

John Richard Reid

Applications must be received by Friday, May 10, 2019!

Eligibility of Applicants:

1. Resident of one of the four Atlantic Provinces.
2. Dependent, residing in Atlantic Canada, of an employee, manager, owner of a producer member company, or of an associate member company, or of ACA, active in the industry in Atlantic Canada at the time of application.
3. Full or part-time employees (minimum 20 hours per week, and employed by the member for more than 18 months) of firms as listed in #2 above.
4. Graduation from a high school.
5. Acceptance at a recognized Canadian university, or community college, or other post-secondary institution for the first year of studies, beginning in September, 2019.
6. Applicants must submit a 1000-word essay on a concrete related topic.

General:

1. Member firms may photocopy, post, and distribute application forms as necessary.
2. Students must be nominated by a principal, teacher, or counselor in the school at which he/she has been attending.
3. All portions of this application form **MUST** be completed for consideration.
4. All marks or standings for three years of high school must be enclosed. Final marks for the first semester, (end of January) are acceptable for the Grade 12 year.
5. ACA reserves the right to verify all information.
6. All applications, marks, references, etc., are kept in strictest confidence and become the property of ACA.
7. The ACA Scholarship Committee considers academic standing, financial need, and school and community involvements.
8. ACA reserves the right to withhold the scholarship if no acceptable applications are received.
9. Applications must be received at the office of ACA by **Friday, May 10, 2019**.
10. Winners will be notified by **June 21, 2019**.
11. Cheques for scholarship winners will be forwarded directly to the registrar or bursar of the post-secondary institution upon proof of enrollment.
12. The decision of the scholarship committee and ACA is final and not subject to appeal or review.

STUDENT INFORMATION

Applicant name: _____

Address: _____

Postal Code: _____ Telephone/Email: _____

Name and address of school from which applicant graduated: _____

Name of principal: _____ Telephone: _____

I have been accepted at (Name of Institution): _____

in the first year program _____, beginning September 2019.

(Name of Program of Studies) _____

Family Information

Father's name: _____ Father's place of employment and position: _____

Mother's name: _____ Mother's place of employment and position: _____

Number of siblings: _____ Number of siblings in school (K-12): _____ Number of siblings in post secondary: _____

Financial Information

Other financial aid applied for: _____

Other financial aid approved: _____

Other scholarship(s) received: _____



School activities in which applicant participated:

Outside, extra-curricular activities and community involvement:

ACA Member Sponsor

I certify that _____ is entitled to apply for this scholarship as a:
(Name of Applicant)

- Dependent _____
- Full-time employee for _____ year(s)
- Part-time employee for _____ year(s)

Sponsor's Name: _____
(Sponsor's Representative - Please Print)

Sponsor's Name: _____
(Signature of Sponsor's Representative)

Sponsor's Firm & Location: _____

I am aware that the applicant has been accepted at _____,
(Name of Institution)

in the first year Program of Studies, _____, beginning September 2019.

Applicants Signature: _____ Date: _____



To be completed by school staff member

Please provide a statement of assessment of the applicant's ability, ambitions, social accountability and other information that might assist the scholarship committee in evaluating this scholarship application.

Statement by school staff member(s)

I/We have reviewed this application and forward the following:

1. Marks for 3 years of high school. Final marks for the first semester, (or to end of January) are acceptable for the Grade 12 year.
2. All necessary statements.
3. Recommendation by staff.
4. All blanks completed.

I/We forwarded this information directly to ACA on _____, 2019.
(Date)

School Staff Person and Position: _____
(Please Print)

School Staff Person Signature: _____

The Atlantic Concrete Association wishes to thank all persons who assisted in completing this application form.