

# The Village Bookshop Scholarship Award

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

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

SECONDARY SCHOOL: \_\_\_\_\_

Graduation acknowledged by: \_\_\_\_\_

(please indicate position,  
i.e. Principal, Teacher & phone #  
for verification)

POST-SECONDARY INSTITUTION: \_\_\_\_\_

\*\*\* Copy of acceptance letter must be attached\*\*\*

PLEASE INCLUDE AN ESSAY OF 200-250 WORDS  
DESCRIBING YOUR ACADEMIC AND CAREER PLANS.

Signature of Applicant: \_\_\_\_\_

Date of Application: \_\_\_\_\_

**To be received by *The Village Bookshop* by *May 31*,**

The Village Bookshop  
20A Catherine St.  
Bayfield, ON N0M 1G0