



2017 ABSDA Scholarship & Bursary Program

**Committed to continuing education for
our Members and their families**

Eligibility:

- 1) Current Employee of ABSDA Dealer Member /Associate Member firm.
- 2) Dependent of: **Employee of ABSDA Dealer Member**
Owner of ABSDA Dealer Member Location
Employee of ABSDA Associate Member
- 3) Either graduated high school or in final year of high school.
- 4) High School graduation equivalency.
- 5) Accepted at a recognized Canadian University or Community College for **first year studies**.

Definitions:

- **Scholarship**: Non-renewable \$2,500 presented to an eligible student in their first year of studies.
- **Bursary**: Non-renewable \$1,500 presented to an eligible student in their first year of studies.

General:

- 1) Students must include all required material as listed on the application form or provide by no later than **April 14, 2017**.
- 2) ABSDA reserves the right to verify all information.
- 3) The Scholarship and Bursary Committees consider academic standing, financial need, school and community involvement. Independent adjudications where applicable.
ABSDA reserves the right to withhold the scholarship and bursary awards if no acceptable applications are received. The Bursary and Scholarship Programs may be altered, amended or discontinued at the discretion of the ABSDA Board of Directors. *The decision of the ABSDA Scholarship and Bursary Committee and ABSDA is final and not open to appeal or review.*
- 4) Cheques for scholarship and bursary recipients will be presented at high school graduations where applicable.

Please note: Applicants may apply for both the ABSDA Scholarship Award and the ABSDA Bursary Award, but would be limited to one scholarship or bursary award, not both.

Forward Applications to:
Atlantic Building Supply Dealers Association
70 Englehart Street
Dieppe NB E1A 8H3

Tel: 506-858-0700 Fax: 506-859-0064
Email: absda@nb.aibn.com



2017 ABSDA Scholarship & Bursary Application

Personal Information

Applicant's Full Name: _____

Street Address: _____ City: _____ Prov: _____

Postal Code: _____ Telephone (home): _____ Cell # (If Applicable): _____

Email Address: _____

Father's Name: _____ Place of
(first & last) Employment & Occupation: _____

Mother's Name: _____ Place of
(first & last) Employment & Occupation: _____

Program of Studies:

I have been accepted for my first year at _____
(name of college/university)
in the _____ Program.
(program of studies)

In the event I am selected to receive either a Scholarship or Bursary Award, I give ABSDA permission to publish my photo along with relevant information provided in my application in ABSDA publications as it relates to this award. A T4A will be issued for the current tax year, as required by Revenue Canada. All applications, marks, references, etc are kept confidential and become the property of ABSDA.

Applicant's Signature: _____ **Date:** _____

The following MUST be included with this application:

- **750 Word Statement** (typed and double spaced) describing your career aspirations and goals, academic achievements, extra-curricular activities, community involvement during your high school years and also financial need.
- **Copy of High School Transcript of Marks** for Grades 10 and 11, plus marks from first semester of final year.
- **Letter of recommendation** from any of the following: teachers, clergy and business or community leaders.
- **ABSDA Member Certification & Student Authorization Form** (attached).

Please Note: Failure to provide any of the above information or your failure to enclose any of the above mentioned documentation on or before the deadline will void your application.

Forward completed applications to:
Atlantic Building Supply Dealers Association
70 Englehart St, Dieppe, NB E1A 8H3
Tel: (506) 858-0700 Fax: (506) 859-0064
Email: absda@nb.aibn.com

Deadline for both Scholarship & Bursary Applications: April 14, 2017



ABSDA Member Certification

I certify that _____ (Applicant) is entitled to apply for this Scholarship or Bursary:

- ☐ As a Dependent of _____
(Name of Employee)
- ☐ **or** as a Full-time Employee of ABSDA Member/Associate Member Firm (Applicant)
- ☐ **or** as a Part-time Employee of ABSDA Member/Associate Member Firm (Applicant)

Date of Hire: _____

ABSDA Member/Associate Member Company: _____

Company Address: _____

City: _____ Prov: _____ Postal Code: _____

Telephone: _____ Fax: _____

Email Address: _____

Owner/Manager Verification Name (please print): _____

Owner/Manager Verification Signature: _____



Student Authorization

By signing below, ABSDA is given permission to contact _____
(Name of college/university)

to confirm the program in which I am currently enrolled.

Student Name (please print) _____

Student Signature _____ Date _____