2024 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 and provide by no later than April 14, 2024.
- 2) ABSDA reserves the right to verify all information.
- 3) The Scholarship and Bursary Committees consider academic standing, financial need and school and community involvement. Applications will be sent to an independent adjucator for processing.

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.

Please note:

- Only original copies of Application, Transcript of Marks and other supporting documents will be accepted.
 Applications must be couriered, dropped off or mailed to the ABSDA Office and postmarked no later than April 14, 2024. Applications will not be accepted by electronic means (email, fax, etc).
- 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 (506) 858-0700



Personal Information			
Applicant's Full Name:			
Street Address:		City	Prov
Postal Code:	Telephone (home):	Ce	II # (If Applicable):
Email Address:			
Father's Name		Place of Employment & C	Occupation:
Mother's Name:	(first & last)	Employment & Occupation	on:
	(first & last)		
Program of Studies:			
I have been accepted f	or my first year at		
Thave been accepted i	(name of college/university)		
in the			Program.
	(program o	f studies)	•
along with relevant info	rmation provided in my applic	cation in ABSDA publication	ive ABSDA permission to publish my photons as it relates to this award. A T4A will be plications, marks, references, etc are kept
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. (Must be an original Transcript. Electronically transmitted copies will not be accepted.)
- 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
Scholarship & Bursary Applications can be couriered, dropped off or mailed to the ABSDA Office and
must be postmarked no later than April 14, 2024



ABSDA Member Certification

l certify that	is entitled to apply for this Scholarship or Bursary:
(Applicant)	
As a Dependent of	
_	(Name of Employee)
or as a Full-time Employee o	of ABSDA Member/Associate Member Firm (Applicant)
or as a Part-time Employee of	of ABSDA Member/Associate Member Firm (Applicant)
Date of Hire:	
ABSDA Member/Associate Member Compan	y:
Company Mailing Address:	
City: Prov:	Postal Code:
Telephone:	_Fax:
Email Address:	
Owner/Manager Verification Name (please p	orint):
Owner/Manager Verification Signature:	
Student Authorization	
By signing below, ABSDA is given permission	n to contact
to confirm the program in which I am currently	
Student Name (please print)	
Student Signature	Date

