

Scholarship Application

APPLICANT INFORMATION

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Are you an employee of Hallmark? Yes No

If yes: Employee Number: _____ Length of Employment: _____

FAMILY INFORMATION - Complete this section if parent is an employee of Hallmark

Parent Name: _____ Relation to Applicant: _____

Home Address: _____ Employee Number: _____
(if different from above)

Phone Number: _____ Length of Employment: _____

APPLICANT SCHOLARSHIP INFORMATION

Post Secondary School Attending: _____

Program: _____ Type of Degree/Diploma: _____

Year of Study: _____

Please estimate the costs for upcoming academic year only.

Tuition: _____ Textbooks: _____ Rent/housing: _____

Other education costs: _____

APPLICANT EDUCATION BACKGROUND

School Attended	From	To	Program Completed	Degree/Diploma Achieved
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TO BE INCLUDED WITH THIS APPLICATION

- Student Transcripts/Proof of Graduation (High School or Post Secondary School Institution - Minimum Average 70%)
- 500 word essay describing your academic and career goals and why you require financial assistance.
- Proof of Enrollment in Post Secondary Institution (acceptance letters are sufficient with application, however further proof may be required.)
- At least one letter of recommendation/reference.

TO BE CONSIDERED THE APPLICANT MUST:

- Be an active staff or the child of an active staff, excluding management and office staff.
- Be enrolled in an accredited post secondary institution for the upcoming academic year.
- Worked with Hallmark for a minimum of one year.
- Submit application to head office by Friday, July 19, 2024.
- **NOTE: Previous winners are not eligible to apply again.**

Applicant will be evaluated on: academic performance, essay and financial need. Successful applicants will be notified by Friday, July 26, 2024.

- I certify that the above information is true and complete to the best of my knowledge.

I understand that false statements or omission of facts may disqualify me from the application process.

Print Full Name _____ Signature _____ Date _____

Completed application form can be submitted by mail or email to:

Mail: Hallmark Housekeeping Services - Scholarship Program | 2150 Islington Avenue, Suite 400, Toronto, ON M9P 3V4

Email: scholarship@hallmarkhousekeeping.com