MANITOBA ASSOCIATION OF

Friendship Centres

www.friendshipcentres.ca

Winston Menard Memorial Scholarship Application

Application Information					
Full Name:					
Address:		First		М.І.	
Street Address	S		Province	Postal	Code
Home Phone:()		Email Address: _			
Aboriginal descent: _					
	Edu	cation Information			
What post secondary in	nstitute do you atten	nd?			
Please list your Course	es/Curriculum.				
List the schools you ha	ave attended, numb	per of years at each, an	d your major c	or degree.	
High School	Professional Scho	ool College/Tra	de School	University	
Required Attachr	nents:				
Biography (1 page	e) Recent Edu	ucation Transcripts	Letter of Su	oport fr. Friends	hip Centre
Financial Need De	escription (1 page)	Acceptance Le	tter from Post	Secondary Instit	ute
2 References (oth	ner than relatives ar	nd/or previous employe	ers)		
Additional informa	ation necessary to o	describe your qualificat	ions for the scl	nolarship (option	al)
		ts and this application R3B0J7 ATTN: WINST			o

T: 204.942.6299 E: info@ friendshipcentres.ca