



Round Lake Alcohol & Drug Treatment Society

200 Emery Louis Road, Armstrong, BC V0E 1B5 / 250-546-3077

www.roundlaketreatmentcentre.ca

SCHOLARSHIP APPLICATION

A. Applicant Information

SURNAME (LEGAL)	FIRST NAME	MIDDLE NAME
ADDRESS	CITY, PROVINCE	POSTAL CODE
HOME PHONE	CELL PHONE	EMAIL ADDRESS
STATUS NUMBER	BAND NAME	
I WILL BE ATTENDING SCHOOL <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	<u>ATTACH CONFIRMATION OF ACCEPTANCE</u>	
PRESENT EMPLOYER	LENGTH OF SERVICE IN THIS POSITION	
OFFICE TELEPHONE	OFFICE FAX NUMBER	
PRESENT POSITION TITLE		
OTHER RELEVANT PUBLIC SECTOR OR FIRST NATIONS GOVERNMENT EXPERIENCE (ATTACH SEPARATE SHEET IF NECESSARY)		

B. Educational Information

NAME OF EDUCATIONAL INSTITUTION	STUDENT NUMBER	
ADDRESS	CITY, PROVINCE	POSTAL CODE
PROGRAM OF STUDIES	LEVEL COMPLETED (BACHELORS, MASTERS, DIPLOMA, CERTIFICATE, ETC.)	
PROGRAM START DATE	EXPECTED DATE OF COMPLETION	
HAVE YOU APPLIED FOR FUNDING ASSISTANCE FROM YOUR EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN REASONS USING A SEPARATE SHEET)	IF YES, WILL YOU BE RECEIVING ANY ASSISTANCE? (PROVIDE DETAILS ON SEPARATE SHEET) <input type="checkbox"/> YES <input type="checkbox"/> NO	

Declaration

I HEREBY APPLY FOR A SCHOLARSHIP IN THE AMOUNT OF \$_____. I DECLARE THE ABOVE INFORMATION TO BE CORRECT.

SIGNATURE

DATE



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Instructions for Supporting Documents

Please submit all supporting documents with application. All applicants must provide:

1. A letter of confirmation of registration from an accredited post secondary educational institution.
2. A statement (500 words or less) demonstrating your desire to pursue a career or enhance your career in the addictions field and how your course of studies will help support that goal.
3. A current resumé or curriculum vitae.
4. Details of Requested Reward.

Return one completed copy to:

Round Lake Alcohol & Drug Treatment Society

200 Emery Louis Road

Armstrong, BC V0E 1B5

Email: rltc@roundlake.bc.ca

Fax: 250-546-3227