



Application form for the G.A. Oulton Memorial Scholarship

The G.A. Oulton Memorial Scholarship has been established in 2001, in memory of Gordon A Oulton, founder of Oulton College. The Scholarship celebrates students who have demonstrated strong academic ability, leadership potential, volunteer work, extracurricular activities, work experience and good citizenship.

Eligibility requirements

Student selected must be registered and attend Oulton College

Decision of Scholarship Committee is final

The scholarship (\$1000) will be applied towards the successful applicant's tuition at Oulton College.

Two scholarships of \$1000 will be awarded to students for each program. The programs available:

Business Administration	Networking Administration
Child and Youth Care Worker	Dental Assistant
Advanced Programming	Paralegal
Pharmacy Technician	Policing and Corrections Foundation
Travel and Hospitality	Veterinary Technician
Medical Office Administration	Dental Hygienist
Early Childhood Education	

Application Procedure

1. Completed application form
2. Transcripts indicating academic performance to date; submit an additional transcript for this scholarship (other than the one submitted for admission)
3. 2 letters of reference e.g. 2 from your school, 1 from employer / volunteer supervisor, 1 from community activity such as Scout leader supervisor. Reference letters must be addressed to G.A. Oulton Memorial Scholarship.
4. 500 word essay on one of this topic: Describe the event in your life of which you are most proud
5. Application form and all supporting documents must be received by June 9 for the current year.

OULTON COLLEGE STUDENT NUMBER (Office Use Only)	
Last Name /	First Name /
Address /:	City /
County /	Province :
Postal Code /	Country /
Home Phone Number /	Email /
High School /	SIN /
Father's Name /	Mother's Name /
Guidance Counsellor /	Program /

Do you wish to be considered for scholarships which are provided to students in financial need ?	YES	NO
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If yes, please provide us with the following information:	
Father	Mother
Occupation:	Occupation:
Employer:	Employer:
Annual Income:	Annual Income:
Number of dependants supported by your parent(s) including yourself:	
Number of dependants who will attend College in the coming year:	

Extracurricular Activities (you may attach a resume) Activity	Name of Group and your contribution
Student Government:	
Athletic Varsity Team:	
Intramural Team:	
Drama:	
General Interest clubs:	
Media (Newspaper, Radio):	
Community Volunteer Work:	
Part-time job (include hrs./ wk):	
Other (be specific):	

I certify the foregoing information is true and complete to the best of my knowledge. I am aware that it is sometimes necessary for Oulton College to relay certain information to the bursary selection committee regarding my financial and academic situation. I hereby authorize the College to release information as appropriate.

Name: _____

Date: _____