

# Halifax Independent School

Application for Scholarship  
(to be filled out by applicant)

**Date to start:** \_\_\_\_\_ **Grade applying for:** \_\_\_\_\_

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parents/Guardians' Names: \_\_\_\_\_

Name of Present School: \_\_\_\_\_

School-related extracurricular activities: \_\_\_\_\_

\_\_\_\_\_

Other interests/activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Names of 2 people who know your abilities/interests:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Pnone: \_\_\_\_\_

Why would you like (your child) to attend Halifax Independent School?