REGISTER NOW!

General Information:

(Please print clearly in ink)

Full Name			
Age	Gender		
	Male	Female	
Date of Birth			
Address			
Martial Status			
Single	Divorced	Seperated	
Dependants (Nam	ie and age)		
Citizenship	Immigrati	Immigration Status	
Volunteer ex	perience:		
Where	<u></u>		
7711010			
When			
Supervisor			
Contact Informati	ion		
Tasks			

History of "Extended Hands"

"Extended Hands" is a charitable organization based in Lachine which has been operating since 2009. The main focus is on the relief of poverty through two specific programs: Grocery supplementation and a Career Counseling Program entitled: "Dress for success."

"Extended Hands" is pleased to announce the commencement of a Scholarship Program in 2017. This Scholarship Program is designed to assist members and adherents of the Resurrection Center and Residents of Lachine in their quest for Post-Secondary Education.





Extended Hands Scholarship Program 1810 St. Antoine Street, Lachine, Quebec

Tel: (514-833-1570)



1810 St. Antoine Street, Lachine, Quebec Tel: (514-833-1570) | Email: info@extendedhands.net www.extendedhands.net



Who can apply to the Scholarship Program:

- Full time Post-Secondary students
- Canadian Citizens, Permanent Residents, Landed Immigrants
- Active members and adherents of the Resurrection Center and residents of the Lachine community

Awarding of Scholarships:

All applications will be reviewed by the Scholarship Selection Committee.

Recipients will be notified by e-mail, mail or telephone.

An Award ceremony will follow.

How to apply:

Complete an application form- application forms are available through "Extended Hands"

A complete application package must include the following:



Two letters of reference



A biographical sketch which must include verifiable community service



Letter of acceptance from institution of Higher Learning



Latest Official Transcript

How you can donate to this initiative:

- *Cheques can be made payable to: Extended Hands Scholarship Program"
- * Cheques or cash can be placed in the weekly offering envelopes. (Please remember to check the appropriate box
- *Tax receipts will be made available.



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Last school attended	
Date	
Address of school	
Grade level attained	Average
Student number	
Name of Institution to l	oe attended
Address of Institution	
Faculty Prog	gram
Diploma or Degree soug	ght
Entry level 1st year	
Status (check boxes that perta	ain to your academic situa
Full Time	Part Time
Day Divison	Evening Division
Declaration:	
hereby declare that the information in the attached document omplete and that the attached	nts is true, accurate an
riginated from the appropria Applicant's signature:	
riginated from the appropria	