

Doug and Esther Ormrod Scholarship for Parents

Application Form

Name: _____ Student Number _____

If you live with a spouse or you maintain another kind of relationship in which someone else shares daily responsibility for the dependent children in your care: Is that person a student? (Y/N) _____; if yes, undergraduate or graduate (circle one); at University: _____; or other study (high school, college, etc) at institutions: _____; if yes at University of Guelph, student number: _____; other student's signature _____

Academic Information: List academic accomplishments - that is, publications, presentations, posters, awards, scholarships, academic employment:

(attach a page if space is insufficient)

Parent information: a) attach photocopy of birth certificate of dependent children in your care in Guelph
b) if expecting, list expected date of birth and we will document later: _____

The Day Care arrangement that is planned for the above children, public or provider name, address, how many days per week etc.; if space is insufficient, attach additional information:

Preference may be given to applicants receiving less than \$5,000 per semester in total financial support during the semester of this award.

Signature of Applicant: _____

Date: _____