



Dr. Joan Francolini Scholarship

Description: Awarded to a full-time student entering third year. Minimum 80% average in second year on 5.0 courses taken during the Fall-Winter at Brescia, demonstrated leadership on campus, in her community, or within her family, as evidenced by two letters of reference. Completed applications can be submitted to THE HIVE at Brescia. Attention: Financial Aid Office.

Personal Information

Last Name:	First Name:
Student Number:	UWO Email:

Volunteer/Community/Extra-Curricular Involvement

Name of Organization and Dates of Involvement	Description of Involvement and Activities/Roles

*If you need more space, please attach a separate sheet with the information

Letter of Explanation

Please submit a brief letter outlining how you qualify for the award, what you have gained from your experiences, and why you are a good candidate. You may want to outline how you have contributed to your community and what leadership skills you have learned from these activities. Attach to this form.

Letters of Reference

Submit a minimum of 2 letters of recommendation (a maximum of 3) from people/organization who is familiar with your involvement and can attest to your roles/responsibilities. Please list below and include letters in confidence, via email to brfinaid@uwo.ca or attach in a sealed envelope to this form.

Reference #1 (required)	Name:	Occupation/Relationship:
Reference #2 (required)	Name:	Occupation/Relationship:
Reference #3 (optional)	Name:	Occupation/Relationship:

Mandatory Declaration

All students must agree to the following: 1) The information contained in this application is complete and true in all respects. Failure to provide complete accurate and updated information may preclude the applicant from receiving assistance now or in the future and may also result in the original decision being recanted. I am responsible for notifying, in writing, the Financial Aid Office of any changes to my application. 2. If any information is found to be untrue, I agree to pay back any funds I have received as a result of the application. 3. I hereby authorize a representative of Brescia University College to conduct an investigation to verify the information provided in this application and/or accompanying documentation. 4. I release the rights that I may otherwise have with respect to confidentiality of the information supplied, as may be required by Donors or the College. 5. I am aware that communication of any decision resulting from this application will be done via UWO email address.

Signature:	Date:
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