



Application for Scholarship

Scholarship Guidelines

Scholarship Value

Scholarships range in value and are renewable annually, provided the criteria are met.

Eligibility

Sherwood Heights School scholarships are awarded to students who are applying for admission into grades one through eight. Students must have demonstrated a commitment to academic excellence.

Procedure

Please submit the Sherwood Heights School Student Profile, Admission Application and a copy of the most recent school progress report.

Entrance Testing

Selected scholarship candidates will be contacted for an interview, a written test, and to make arrangements for a tour of the school.

Erin Mills Campus
Director of Admissions
3065 Glen Erin Drive
Mississauga, Ontario
L5L-1J3
Fax: 905-569-9034
Email: admissions@sherwoodheights.com

Kennedy Campus
Director of Admissions
5870 Kennedy Road
Mississauga, Ontario
L4Z-4G6
Fax: 905-569-9034
Email: admissions@sherwoodheights.com

Sherwood Heights School Student Profile

STUDENT NAME

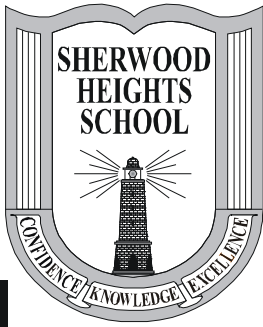
CURRENT GRADE

HOME PHONE NO.

CURRENT SCHOOL

Please check one. The value of the scholarship requested is: 25% 50% 75% 100%

Please use this space to describe your child's academic achievements and explain how these accomplishments demonstrate a commitment to academic excellence.



Admission Application

| | | |
|---------------------------|---------------------|--|
| <i>Student's Surname:</i> | <i>Given Names:</i> | <i>Gender:</i> <input type="checkbox"/> male <input type="checkbox"/> female |
|---------------------------|---------------------|--|

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|--------------------|------------|--------------|-------------|---------------------------|---------------------|
| <i>Birth Date:</i> | <i>day</i> | <i>month</i> | <i>year</i> | <i>Grade Applied For:</i> | <i>School Year:</i> |
|--------------------|------------|--------------|-------------|---------------------------|---------------------|

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| <i>Location:</i> <input type="checkbox"/> Erin Mills Campus 3065 Glen Erin Dr. <input type="checkbox"/> Kennedy Campus 5870 Kennedy Rd. | <i>Transportation Required:</i> <input type="checkbox"/> yes <input type="checkbox"/> no |
|---|--|

| <i>Parent Information</i> | father | mother |
|----------------------------|---|---|
| <i>Name:</i> | <input type="checkbox"/> Mr. <i>first name</i> <i>last name</i> <input type="checkbox"/> Dr. | <input type="checkbox"/> Ms. <i>first name</i> <i>last name</i> <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr. |
| <i>Home Telephone:</i> | | |
| <i>Home Address:</i> | <i>street address</i> | <i>street address</i> |
| | <i>city & province</i> | <i>city & province</i> |
| | <i>postal code</i> | <i>postal code</i> |
| <i>Occupation:</i> | | |
| <i>Employer's Name:</i> | | |
| <i>Business Telephone:</i> | | |
| <i>Business Address:</i> | <i>street address</i> | <i>street address</i> |
| | <i>city & province</i> | <i>city & province</i> |
| | <i>postal code</i> | <i>postal code</i> |

| |
|---|
| <i>Student Lives With:</i> <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> both <input type="checkbox"/> other <i>Specify:</i> |
|---|

| | |
|-------------------------|-------------------------------------|
| <i>Health Card No.:</i> | <i>Health Difficulties, if any:</i> |
|-------------------------|-------------------------------------|

| | |
|----------------------------------|-------------------|
| <i>Student's Present School:</i> | <i>Telephone:</i> |
|----------------------------------|-------------------|

| | | |
|--------------------------|----------------------------|--------------------|
| <i>School's Address:</i> | <i>street address</i> | |
| | <i>city & province</i> | <i>postal code</i> |

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| <i>Principal's Name:</i> |
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| <i>Signature of Parent/Guardian:</i> | <i>Date:</i> |
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(Please enclose a copy of the student's last report card.)