

GERALD REWUCKI MEMORIAL SCHOLARSHIP FUND

APPLICATION FORM



SECURITY THROUGH
PROFESSIONAL
DEVELOPMENT



RATIONALE: The Gerald Rewucki Memorial Scholarship Fund, (the Fund), was established by the Manitoba Motor Dealers Association as a legacy to Gerald Rewucki, a long serving member and one of the founders of the association's Sales Certification Program. The Fund was established to promote, encourage and sponsor educational programs and activities by providing assistance to applicants in their quest for higher learning at recognized post secondary institutions.

ELIGIBILITY: To be eligible you must:

- Be a member in good standing (or spouse, child or grandchild - as recognized by law) of the MMDA Sales Certification Program.
- Provide proof of registration or graduation as a full-time student from a recognized University, Community College, Technical Institute or other post-secondary institution for advanced learning.
- Demonstrate high ideals, leadership skills and qualities of citizenship.
- Be prepared to attend any awards function as a successful candidate.
- Submit this application for consideration on a timely basis.

NOTE: Mature students are encouraged to apply. Dealer principals & family are not eligible for awards.

APPLICATION PROCEDURE:

The original application must be submitted to:

**The Gerald Rewucki Scholarship Fund
c/o Manitoba Motor Dealers Association.
230 - 530 Century St.
Winnipeg, Manitoba
R3H 0Y4**

- All applications must be received by September 30th.
- If possible, attach a copy of your most recent full year school transcript. To be considered valid, this must be submitted on school letterhead and authorized by a school official.
- Your application must be co-signed by both the Sales Certification Program member and the Dealer Principal of the member's employing dealership. A copy of the member's current province of Manitoba Salesperson's Permit is required.

The responsibility for the completed application form rests with the applicant. If the application is forwarded to the MMDA office without applicable information, signatures and Salesperson Permit copy, the applicant will not be eligible for consideration. Please complete the application as requested - do not submit original documents such as newspaper clippings, letters of reference and certificates, as attachments.(copies are welcome)

The fund's administrators reserve the right to authenticate all information pertaining to the application. All information on the application will be held in the strictest of confidence.

All sponsoring Sales Certification Program members and successful applicants will be notified as to the decisions of the MMDA Sales Certification Committee. These decisions will be final.

SALES CERTIFICATION MEMBER & DEALER PRINCIPAL ENDORSEMENT

This application, in the name of _____ is being submitted for
(Scholarship Applicant)

consideration by the Gerald Rewucki Memorial Fund committee and is endorsed by:(please print)

_____;(member's signature)_____ a

member in good standing of the Sales Certification Program and _____(dealer principal)

of _____:(dealership).

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PERSONAL INFORMATION

Last name _____ First name and middle initial _____ Male Female

Permanent Address (number and street) _____ Apartment number _____

City, town, or post office _____ Province _____ Postal code _____ Area code and phone number _____

Date of birth
M D Y
/ /

Citizenship status
Canadian citizen
Landed immigrant

PROPOSED PROGRAM OF STUDY

Name of institution	Program	Expected starting date	Expected date of completion	Certificate, diploma, degree expected
Address of institution				

Which year of your proposed program of study will you be entering? _____

EDUCATIONAL HISTORY

Name of most recent high school or post secondary institution	Program	Date from	Date to	Certificate, diploma, degree completed

ESTIMATED EXPENSES FOR ACADEMIC/VOCATIONAL YEAR

Tuition and incidental fees per year _____ Books per year _____ Tools/Equipment _____

Residence/room & board per year _____ Transportation per year _____ **TOTAL:** _____

FINANCIAL RESOURCES - *You must complete this section to be eligible.*

PART A:

- Do you have dependent children? Y /N
- Are your parents or legal guardians deceased? Y /N If yes, one or two parents (circle number)
- Have you been in the work force for 2 periods of 12 consecutive months since leaving the K-12 education system? Y /N
- Have you been out of school 4 or more years? Y /N

If you answered yes to any question above, please fill out section B

PART B:

- 1) Are you married? Y /N - If yes go to question #2. If no, go to question #3
- 2) What is your combined gross income _____, combined net income _____, total combined assets (bonds, securities, cash, etc.) _____
- 3) As an independent student, what is your gross income _____, net income _____, total asset (bonds, security, assets, etc.) _____
- 4) Do you have children? Y -# _____ /N How many will be in post-secondary schools next year? _____

ADDITIONAL FINANCIAL CONSIDERATIONS

Are there financial challenges you face of which the selection committee should be aware ie. (Medical condition/extenuating circumstances requiring additional finances).

PERSONAL BACKGROUND - please be specific.

(list those school and/or community activities you are involved in, which may be of assistance to the committee in awarding this bursary. Include teams, clubs, positions of responsibility, volunteer work, etc.)

EXTRA - CURRICULAR ACTIVITIES

<i>YEAR</i>	<i>ACTIVITY</i>

COMMUNITY SERVICE AND VOLUNTEER ACTIVITIES

<i>YEAR</i>	<i>ACTIVITY (AND POSITION IF APPLICABLE)</i>

WORK EXPERIENCE

<i>YEAR</i>	<i>JOB/PLACE OF EMPLOYMENT AND POSITION</i>

PERSONAL BACKGROUND (continued)

Outline briefly your plans for your future career or profession and how this award would assist in achieving your goals:

Comment on non-financial obstacles, if any, you have had to overcome or face in your pursuit of academic, extra-curricular or community service goals:

Comment on your knowledge and/or experience with the Automotive Industry:

Additional information related to this application which you feel is important for consideration by the trustees:

AGREEMENT:

I hereby certify the above information is correct and can be verified on request.

Signature of Applicant: _____ Date: _____
(or parent/guardian if applicant is under 18 years of age)

NOTE: All information contained in this application shall remain confidential.