

COLIN ALLIN MEMORIAL SCHOLARSHIP

Winter 2012

up to \$1000

This scholarship has been established by the Garrison Brewing Company in memory of Colin Allin, who worked as the designer for the Halifax microbrewer. The funding is provided to assist a senior level design student as a way of celebrating Colin's life and his lasting contribution to Garrison.

ELIGIBILITY

Full-time students currently enrolled in the Bachelor of Design degree program who, at time of application, have completed a least 15 credits in CMDS, DSGN or PROD courses.

AWARDING CRITERIA

The scholarship is awarded on a competitive basis to a student who can demonstrate a high level of achievement and as shown in their:

- NSCAD transcript and academic file (provided by Student Services)
- Student Statement

Applications will be reviewed by the Design faculty and the Scholarship Awards Committee. Each applicant will be notified of the action taken on their application and the award will be made as a credit against tuition due for the semester of the award.

APPLICATION DEADLINE

The complete application must be submitted to the Office of Student and Academic Services by 4:00 pm, Thursday, Oct 27, 2011.
Absolutely NO LATE applications will be accepted.

IMPORTANT INFORMATION FOR **ONLINE** APPLICATIONS

Online application forms must be printed and submitted in hard copy.

Questions? Contact Bernadette Kehoe, Director of Financial Aid and Student Counselling, before application materials are submitted, at bkehoe@nscad.ca

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Student ID#: _____

Last Name: _____ First Name: _____

Mailing Address: _____ Apt. #: _____

City: _____ Province/State: _____ Postal Code: _____

Social Insurance #: _____ Date of Birth (dd/mm/yy): _____

Telephone #: _____ E-mail: _____

How many credits are you enrolled in this semester? _____

Student Statement: On a separate sheet of paper, describe the direction of your personal art-making within your program of study, comment on academic or related matters (e.g., good marks, involvement and accomplishments at the university or in the community) which will aid the Scholarship Awards Committee in evaluating your application

In submitting this application, I recognize that the Scholarship Awards Committee will be reviewing my transcript and academic file and may consult faculty. I also understand and agree that, should I be awarded a scholarship, some information contained in this application and the completed faculty recommendation may be provided to the scholarship donor and to University Relations. All personal identification numbers will remain strictly confidential.

Signature: _____ Date: _____