



DET'ON CHO MANAGEMENT LP.

Box 1287

Yellowknife NT X1A 2N9

Phone (867) 873-6533 – Fax (867) 873-5308

Scholarship Application

Applicant Information

Full Name: _____ Date: _____
Last First Middle

Date of Birth: _____ Beneficiary Registration #: _____
(M/D/Y)

Phone: _____ Email _____

Permanent Address:

Street Address / PO Box City Providence Postal Code

Address While at School:

Street Address / PO Box City Providence Postal Code

Scholarship Applying for?
(DCC / BWC or Both): _____

| | | | | | |
|---|---------------------------------|--------------------------------|--|---------------------------------|--------------------------------|
| Are you studying in the field of Business or general studies? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Attached proof of Beneficiary? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you studying in the field of Hospitality? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Attached a copy of your official transcripts? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Attached Letters of Reference (2)? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Attached copy of Acceptance/Registration Letter? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| Are you a full-time student? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | Attached proof of Residency?(Health Care Card) | YES <input type="checkbox"/> | NO <input type="checkbox"/> |



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Previous Education

Previous Education Institution: Student ID # _____

Mailing Address:

Street Address / PO Box *City* *Province* *Postal Code*

Program Attended:

Start Date: End Date: Program Year (1, 2, 3, 4) Grade Point Average

Did you receive: (check one) Transcript attached
 Certificate Diploma Degree Other: Yes No, If no why?

Comments:

Current Education

Education Institution: Student ID # _____

Mailing Address:

Street Address / PO Box *City* *Province* *Postal Code*

Program Attending:

Full Time

Part Time

Start Date: End Date: Program Year (1, 2, 3, 4)

Type of Program: (check one) Term Registered
 Certificate Diploma Degree Other: Fall Winter Spring Summer



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Personal Background

We want to get to know more about your future goals and plans throughout your school year and future endeavors. (if you have already answered these questions in your essay portion please feel free to bypass these questions or write 'attached in essay')

1. What are your career goals and how does your current education program help you achieve this goal?

2. What are your plans after graduating from post-secondary?

3. After completing your studies, do you plan on returning to the North? Yes/No – Why?

4. How would this scholarship help you if awarded?



Applicant Declaration & Consent

I, _____ (the applicant) hereby acknowledge the following conditions;
(Student Name)

I declare that:

- a) I am applying for a scholarship;
- b) The information and documents provided in submission is true and complete;

2) I agree that:

- a) My student information may be disclosed between the Det'on Cho Management LP and the Educational Institute/Trade School/Organization, named in this application, for the sole purpose of determining my eligibility for a scholarship and my student financial needs;
- b) My student information can be entered into the Det'on Cho HR Database;
- c) I will immediately notify the Det'on Cho in writing of any changes to my application or if I choose to withdraw from the Educational Institute/Trade School/Organization named in this application;

3) I understand the:

- a) Provided information will be subject to verification;
- b) Submitted information will be the property of Det'on Cho Management LP;
- c) Falsifying or misleading statements will result in my ineligibility to receive the scholarship;
- d) The information contained with this application and attachments is shared with Det'on Cho Management LP and will be kept confidential in a secure fashion and will not be released to any other person/organization/agency outside Det'on Cho Management LP and its Group of companies for any purposes.

4) I consent to:

- a) Disclose my student information, including but not limited to attendance records, grades, transcripts, documents on program/courses, past training sponsorship/outcomes, between Det'on Cho Management LP and the Educational Institute/ Trade School/Organization named in this application;
- b) My student information can be entered into the Det'on Cho HR database;
- c) Disclose my name, photo, educational institution, field of study, and year of study to promote and advertise the scholarship/bursary if granted a recipient;

By signing, I have read and accept the above outlined conditions;

Signature: _____ Date: _____