

ESSAY REQUIREMENTS

1. Choose one of these topics for your essay: (**NO OTHER TOPICS WILL BE CONSIDERED**)
 - 1) **The Importance of Safety and Health on Our Farm**
 - 2) **Safety and Health Hazards on Our Farm**
2. Send by email: aghealthandsafety@usask.ca
 - (a) **PDF** of application form as an **e-mail attachment** (Applicant's name must be the name of the file)
 - (b) **MSWord** Essay file as an **e-mail attachment** (Applicant's name must be the name of the file)

ESSAY:

- (1) Must be typed on 8.5" x 11" page size.
 - (2) Double space and leave 1" margins.
 - (3) **Do not** place your name on it.
 - (4) The essay should be approximately 1,000 words.
3. The essay should be based on your family's farming experiences rather than a research-based paper.
 4. The essay submitted should be (a) clearly written in acceptable scholarly English, (b) and should be free of errors in spelling, grammar, and punctuation.
 5. The essay will be judged according to (a) content (80%) and (b) correct writing style (20%).

GENERAL INFORMATION

Name: _____ Date of Birth: _____
(First name) (Last name) (DD/MM/YYYY)

Address: _____
(Box #) (Town) (Postal Code)

RM Name & Number: _____ Home Phone _____

E-mail address: (legible) _____

PRESENT EDUCATION

I have completed Grade _____ and am presently enrolled in Grade _____.

Name of School: _____ School Ph: _____

I have completed the previous two years of high school within Saskatchewan: _____ Yes _____ No

EDUCATIONAL PLANS

I will be applying to the following post secondary program(s):

_____ / _____	
(Course/College/Program)	(Name of School)
_____ / _____	
(Area of study)	(Course/College/Program)
_____ / _____	
(Name of School)	(Area of study)
_____ / _____	
(Course/College/Program)	(Name of School)

(Area of study)	

FINANCIAL NEED

Anticipated income for post-secondary school year: _____ Anticipated expenses during studies: _____

Other scholarships/bursaries: _____

Accommodation: _____

Loans: _____

Utilities/Food: _____

Savings: _____

Transportation: _____

Income: _____

Tuition: _____

Other: _____

Expenses for dependents: _____

Other: _____

FARMING BACKGROUND

Please describe your involvement on the farm (type of farm, location, your duties and so on).

SCHOLARSHIP ADVERTISING

Please tell us where you heard about this scholarship: _____

REFERENCE

We require a reference that we may contact to verify information provided on this form or in your essay. This person should be aware that you are applying for this scholarship and should not be a family member.

Name: _____ Relationship to Applicant: _____
(First and Last Name)

Address: _____
(Box #) (Town) (Postal Code)

Ph: (Home) _____ (Work) _____

SCHOLARSHIP PROMOTION

Release of Information

If my essay is the contest winner, I agree to allow the Agricultural Health and Safety Network, CCHSA and S.A.R.M. to use pertinent information about me and my photo for the purpose of scholarship promotion.

(Name) (Date)

Declaration of Applicant

- 1) The essay submitted is my own work and has not been copied in whole or in part from any other source.
- 2) I have truthfully answered all of the questions on the application form.
- 3) I have read and understood the entire application and agree to abide by the award conditions.
- 4) Once submitted, the essay becomes the property of the Agricultural Health and Safety Network, CCHSA and may be used in whole or in part in publications and/or promotion by the Agricultural Health and Safety Network, CCHSA and/or S.A.R.M.
- 5) If I am the winner, I will use the award proceeds only for costs directly related to my post-secondary education.
- 6) I understand that the value of the award and/or the conditions governing the award may change at the discretion of the Agricultural Health and Safety Network, CCHSA.

(Name) (Date)

For more information, contact:

Shelly Sander (306-966-6644)
Canadian Centre for Health and Safety in Agriculture
Agricultural Health and Safety Network

Email application form and essay to:

Agricultural Health and Safety Network,
ATT: Shelly Sander
Email: aghealthandsafety@usask.ca

FOR OFFICE USE ONLY:

Received _____
(Day Month Year)

Accepted _____ Rejected _____

Contacted for Clarification _____
Identification Number _____

Other Information
