

THE DR. P. ANTHONY JOHNSTONE MEMORIAL ENTRANCE SCHOLARSHIP APPLICATION

Form 2: Academic Report

To be completed and submitted by a representative of the high school that the candidate is attending. It is the candidate's responsibility to ensure the school has sent this report by the deadline of March 31.

Applicant's Name: _____

School: _____

1. **Transcript** – Please attach an official transcript of the candidate's most recent high school marks.
2. **Awards** – Please list any awards that the candidate has received.

Form 2 and the official transcript should be sent directly by the school to:

Johnstone Scholarship Committee
1505 Barrington Street, 3rd Floor
PO Box 697
Halifax, NS B3J 2T8

Applications postmarked March 31 will
be accepted as meeting the deadline.

Name of school representative: _____

Signature: _____

Telephone number (w): _____ Email: _____