

Application Form

Scholar-in-Residence 2019-2020

(Please attach this page to your letter of interest)

COLLEGE • HALIFAX		
University of King's College	Telephone:	902.422.1271 (ext. 215)
6350 Coburg Road	Fax:	902.423.3357
Halifax, Nova Scotia	Email:	residence@ukings.ca
B3H 2A1	Website:	www.ukings.ca
Applicant Information		
Last Name:	Give	en Names:
Contact/Mailing Address:		
		Student ID: B00
Email:		Phone:
Are you currently a King's student?	$\Box Y \Box N C$	Current year of study?
	Р	rogram of study?
Have you lived in residence before?	\Box Y \Box N	Where?
Are you on the President's List? \Box Y	□ N Please f	provide context in your letter of interest if not (optional).
I have read and understand the Sc	holar-in-Resi	dence Information for Applicants. $\Box Y \Box N$

Additional Information
Please provide a list of your accomplishments demonstrating your ability to excel in this position which will require you to be actively engaged in the King's community. This might include your academic achievements, scholarships, extracurricular activities, work experience or other skills.
Briefly outline a Scholar-in-Residence community program you would like to host.

Application Check List

Your completed application should be submitted in person to the FYP Office or the Alex Hall Front Desk, or mailed to the address on the first page of this form addressed to the attention of the *Residence Office*.

Completed applications are due January 28, 2019 by 3pm and should include:

- This completed **APPLICATION FORM**
- □ A two-page **LETTER OF INTEREST**
- Letter from **ONE (1) ACADEMIC REFERENCE** preferably in a sealed envelope

Questions may be addressed to Elisabeth Stones at residence@ukings.ca

I certify that the information provided in this application is accurate and complete. I am aware that misrepresentation or falsification may result in the rejection of my application.

(Applicant Signature)

(Date)