



Harrison McCain Foundation Scholarship Application Form

The Harrison McCain Scholarship/Bursaries are available annually to entering students attending University who have graduated from a high school in Canada. Each award has a program value of \$16,000 payable over a four year course of study in the amount of \$4,000 per year. Criteria for the awards include a minimum 80% average in senior year of high school, financial need, leadership qualities, and a recognized initiative in funding your own education. The number of scholarship/bursaries available may vary from year to year. Renewal criteria to be met each year.

Deadline for receipt of the completed application is MARCH 1.

Section A: To Be Completed By Applicant

Name:

Student Number (if known):

Mailing Address:

High School:

Will you be applying for a Canada Student Loan/

Provincial Student Loan for the upcoming academic Year? **Yes** **No**

Do you anticipate having any paid employment

over the summer? If so, please state expected occupation and estimated gross earnings. **Yes** **No \$**

What are your estimated resources for the upcoming academic year?

- | | |
|---|----|
| 1. Savings from summer employment | \$ |
| 2. Tuition Waiver | \$ |
| 3. Parents/parent contribution | \$ |
| 4. Canada/Provincial Student Loan | \$ |
| 5. Scholarships/bursaries (do not include this scholar-bursary) | \$ |
| 6. Part-time work | \$ |
| 7. Education/University trust fund | \$ |
| 8. Savings other than #1 above | \$ |
| 9. Investments | \$ |
| 10. Canada Pension Benefits | \$ |
| 11. Other (state resources) | \$ |

Where are you planning on living during the academic year?

In residence
 In a room or apartment off campus
 With Parent/Parents



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Please attach two (2) letters of recommendation, your own letter and personal essay, as follows:

- **On official letterhead**, one letter from your Principal, Teacher or Counsellor with their telephone number
- One letter from an employer, volunteer organization or a character (non-family) who has known you for at least two (2) years, with his/her telephone number
- **Write and tell us what an award of this scholarship/bursary would mean to you. One page limit please.**
- **Attach a personal essay outlining your extra-curricular, leadership, financial need, work experience and career plans. Two page limit please.**

Indicate your overall high school marks percentile

Section B: Parent (s) / Guardian(s) information

Marital Status of Parent (s)/ Guardian (s)

Married . Separated/Divorced SingleWidowed Common-Law

** if the applicant's parents are separated/divorced, please provide the information and signature for the parent/stepparent who has custody of the applicant. If neither parent has custody, please provide the information and signature for the parent/stepparent with whom the applicant resides.

Occupation and yearly income of parents**

Father/Stepfather/Guardian Mother/Stepmother/Guardian

Occupation

Yearly gross income \$

List names, ages, and relationship of individuals who are dependent on you

Name: Age:

Name: Age:

Name: Age:

Name: Age:

How many of the dependents listed above will be attending a post-secondary institution on a full time basis during the upcoming academic year?



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Section C: Declaration & Consent by Applicant and Parents/Guardian

I declare that to the best of my knowledge, the information provided is correct.

I consent to the release of the information in this application, including high school transcripts on file, to the Harrison McCain Foundation for the sole purpose of determining the recipients of the scholarship -bursaries.

DATE	SIGNATURE OF APPLICANT
DATE	SIGNATURE OF MOTHER/STEPMOTHER/GUARDIAN
DATE	SIGNATURE OF FATHER/STEPFATHER/GUARDIAN

Please send your completed application to:

Deadline for receipt of applications is **MARCH 1**

Reminder to applicant:

- **Please attach two (2) letters of recommendation, your own letter and personal essay;**
- **Please attach a transcript of your high school marks**