## SCHOLARSHIP/ BURSARY APPLICATION

## HUBERT BERESFORD CLINCH FOUNDATION

c/o The Bank of Nova Scotia Trust Company National Foundations 40 King Street West, 50<sup>TH</sup> Floor, Toronto, ON M5H 1H1

Please type, if possible, or print neatly and clearly.

A. General Information:					
Name		D	ate of Birtl	1	
A ddross		Y	YYY/MM/DD		
Address			elephone		
City/Town					
Postal Code					
Name – Parent 1		A	Address (If different from above)		
		_			
Nama Darant 2				1:55	
Name – Parent 2		<i>F</i>	,	lifferent from above)	
		_			
Out of School Activities, Interest	s:				
University Program:					
University Program:					
	ach copy of		nvailable)		
	ach copy of English	transcripts, if a	nvailable) Science	Average (All subje	cts)
B. Scholastic Information: (Att	ach copy of English	transcripts, if a	nvailable) Science		cts)
B. Scholastic Information: (Att	ach copy of English	transcripts, if a	nvailable) Science	Average (All subje	cts)
B. Scholastic Information: (Att Grade 11 Final Marks: Grade 12 Final Marks:	ach copy of English	transcripts, if a	Science	Average (All subject	cts) . %
B. Scholastic Information: (Att Grade 11 Final Marks: Grade 12 Final Marks: Attach transcript, if available	ach copy of English	transcripts, if a	Science	Average (All subject	cts) . %
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B. Scholastic Information: (Att Grade 11 Final Marks: Grade 12 Final Marks: Attach transcript, if available Extra-Curricular School activities	English	transcripts, if a	Science	Average (All subject	cts) . %
B. Scholastic Information: (Att Grade 11 Final Marks: Grade 12 Final Marks: Attach transcript, if available	English	transcripts, if a	Science	Average (All subject	cts) . %
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B. Scholastic Information: (Att  Grade 11 Final Marks: Grade 12 Final Marks:  Attach transcript, if available  Extra-Curricular School activities  Additional Information (proficient	English	transcripts, if a	Science	Average (All subject	cts) . %

## **RESUME OF PARTICIPATION AND AWARDS**

This information will serve as a record for purposes of awards, scholarships, school

recommendation, employment or higher education, and will be retained in your file. D.O.B.:\_\_\_\_ YYYY/MM/DD Social Insurance Number: \_\_\_\_ 1. Plans for next year: Please note: To be eligible for this bursary, you must be entering a University and pursuing a degree program. University Received offer of Program **Admission** Yes \_\_\_\_ No \_ 1st choice Yes \_\_\_\_ No \_ Alternative 2. Long range plans / intended career: Athletic and Music activities: (i.e. basketball gr.9,10) 3. 4. Club and group activities: 5. Out-of-school activities: 6. Part-time and summer jobs: 7. State <u>in-school</u> awards: (honour standings [state grade], perfect attendance, etc.) 8. If you wish, please describe any special circumstances that you would like us to know.

Signature of Student (verifying above)