

**THE JOHN McCONNELL & MARGARET ANN WILSON McCONNELL  
MEMORIAL FOUNDATION BURSARY**

**School Board :** Trillium Lakelands District School Board – Muskoka

**Secondary School:** Huntsville High School

**Sponsor:** The John McConnell & Margaret Ann Wilson McConnell  
Memorial Foundation

**Bursary Award :** \$1,500.00

**PURPOSE:**

To assist graduating students requiring financial need to pursue a post secondary school education.

**CRITERIA FOR SELECTION OF CANDIDATES:**

1. Must be pursuing a post-secondary education.
2. Must be a resident of Muskoka.
3. Parts 1, 2, and 3 of this application must be fully completed to be considered by the Directors of the McConnell Foundation.

**APPLICATIONS:**

Applications will be received by the Secondary School Bursary Co-ordinator. The Bursary Co-ordinator will forward all applications to the Secretary of the McConnell Foundation. For applicants not attending school, applications can be submitted directly to the Secretary of the Foundation.

**SELECTION PROCESS AND ANNOUNCEMENT OF AWARDS:**

The Directors of the Foundation will make the selection and forward all decisions and announcements to the students and the school Bursary Co-ordinator. The number of bursaries awarded to each Secondary School is to be at the discretion of the Directors.

**FUNDING ARRANGEMENTS:**

The McConnell Foundation will provide funds upon receipt of confirmation of enrollment signed by the Registrar of the University or College.

**BURSARY APPLICATION FOR THE  
JOHN McCONNELL & MARGARET ANN WILSON McCONNELL  
MEMORIAL FOUNDATION  
PART I - TO BE COMPLETED BY APPLICANT**

All information requested must be supplied before application will be considered. The practice of the Board of Directors of the Foundation is to support a one time bursary towards entry to Post Secondary Education.

Applicant's Full Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Home Address (in full): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of school currently attending: \_\_\_\_\_

Location of School: \_\_\_\_\_

Other schools attended in order, state Elementary and Secondary:

_____ Years _____	_____ Years _____
_____ Years _____	_____ Years _____

If applicant graduated from GED or similar program, please provide date of graduation: \_\_\_\_\_

Indicate University, College, or further training which the applicant wishes to attend: \_\_\_\_\_

Courses which applicant wishes to take: \_\_\_\_\_

Career which applicant wishes to pursue: \_\_\_\_\_

Applicant's own contribution during the school year towards further education: \$ \_\_\_\_\_

If additional information is to be added by yourself or Parent/Guardian, use this space.

\_\_\_\_\_  
\_\_\_\_\_

**DECLARATION:**

I, the undersigned, hereby declare that to the best of my knowledge the information given above in this application is full and true in all respects.

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

If you receive the Award, would you object to having the Award presented at the annual commencement?

Yes \_\_\_\_\_ No \_\_\_\_\_

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**PART II - TO BE COMPLETED BY APPLICANTS PARENTS OR GUARDIAN**

All information requested must be supplied before application will be considered. The practice of the Board of Directors of the Foundation is to support a one time bursary towards entry to Post Secondary Education.

Information required from both PARENTS responsible for applicants support:

Father's Name: _____	Mother's Name: _____
Address (in full): _____ _____	Address (in full): _____ _____
No. of years at this address: _____	No. of years at this address: _____
Occupation: _____	Occupation: _____
Name/Address of Employer: _____ _____	Name/Address of Employer: _____ _____
Total income from all sources as per line 150 of your personal income tax return. \$ _____	Total income from all sources as per line 150 of your personal income tax return. \$ _____
Maximum amount the parents can contribute towards the applicant's further education this current year. \$ _____	Maximum amount the parents can contribute towards the applicant's further education this current year. \$ _____

Information required from GUARDIANS (other than parents) responsible for applicant's support:

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Name/Address of Employer: \_\_\_\_\_

Total income from all sources as per line 150 of your personal income tax return. \$ \_\_\_\_\_

Maximum amount the Guardian can contribute to the applicant's education during the school year. \$ \_\_\_\_\_

List dependents totally or partially supported by either Parent or Guardian. \_\_\_\_\_

**DECLARATION:**

We, the undersigned, hereby declare that to the best of our knowledge the information given above in this application is full and true in all respects. NOTE: All above information will be regarded as confidential.

Signature of Father \_\_\_\_\_ Date \_\_\_\_\_ Signature of Mother \_\_\_\_\_ Date \_\_\_\_\_

Signature of Guardian \_\_\_\_\_ Date \_\_\_\_\_

