

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 _____

PART III - STATEMENT OF NEED - in the space provided please outline in detail why you feel you should be considered for this bursary. We are aware of the regular costs of pursuing a post-secondary education, so take time to identify for us what additional cost you may incur or what special circumstances you are experiencing, that makes your situation particularly difficult. (Please feel free to add additional pages if more space is needed.)

PROVINCIAL STUDENT LOAN ELIGIBILITY

According to your provincial student aid authority, are you deemed to be:
 ___ financially dependent on your parents/guardian; Or ___ financially independent?
 Did you apply for government student aid? _____ Date of application _____
 What is the status of your application? _____