**ST. JOHN’S COLLEGE BURSARIES APPLICATION - 1**

**NAME: DATE:**

**Please select the application(s) you are considering for submission by placing an [x] in the space provided in front of the name of the Award:**

[ ] THE SHARP BUS LINES BURSARIES 1 AWARD - $350.00

[ ]THE ST. JOHN’S COLLEGE SCHOOL COUNCIL BURSARY 1 AWARD - $500.00

[ ] THE ONTARIO ENGLISH CATHOLIC TEACHERS’ ASSOC. BURSARY 2 AWARDS - $150.00 each

[ ] THE KNIGHTS OF COLUMBUS BURSARY 1 AWARD - $200.00

[ ] McCARTHY UNIFORMS INC. BURSARY 1 AWARD - $500.00

**CRITERIA**

**Applicant must:**

⮚ graduate this year or have graduated last year.

⮚ be attending a community college or university (proof must be provided to Student Services by June 15)

⮚ show financial need

[ ] SISTERS OF PROVIDENCE BURSARY (Female Student) 2 AWARDS - $500.00 each

*The information required in this application will be used only to select recipients for these bursaries. This information will be reviewed by the Graduation Awards Committee and is confidential. If you are selected, your name will be submitted to the respective association. Your application will be destroyed after the graduation ceremony.*

*If you meet the above criteria and submit the completed form by* ***the required due date in February\*****, your application will be considered. [\*please check the school calendar for the due date]*

**PART A - GENERAL INFORMATION**

**Please place an [x] in the space provided to indicate your response:**

ARE YOU GRADUATING THIS JUNE? Yes [ ] No [ ]

IF NO - DID YOU GRADUATE LAST YEAR? Yes [ ] No [ ]

WILL YOU BE ATTENDING: A POST-SECONDARY INSTITUTION?

* This Fall Yes [ ] No [ ]

* If No, Next Fall Yes [ ] No [ ]

COLLEGE [ ] UNIVERSITY [ ]

1ST CHOICE (College / University) -

PROGRAM CHOICES:

**LIST OF GRADE 12 COURSES AND MARKS:**

|  |  |  |  |
| --- | --- | --- | --- |
| COURSE | MARK | COURSE | MARK |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
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**PART B – LETTER OF INTRODUCTION**

Please write a paragraph or two describing yourself and your future aspirations/goals. You could also include a description of your involvement in family, school and community activities.

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**PART C- LETTER OF SUPPORT**

Comments supporting this application may be completed by teachers, coaches, community members, etc.

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**SIGNATURE OF SUPPORTING PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**RELATIONSHIP TO APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PART D – STATEMENT OF FINANCIAL NEED**

1. I currently live with: Mother Only [ ]

Father Only [ ]

Both Parents [ ]

Other [ ] Please specify [ ]

Mother’s Occupation: [ ] Annual Income: $[ ]

Father’s Occupation: [ ] Annual Income: $[ ]

Other Guardian’s Occupation: [ ] Annual Income: $[ ]

Student Occupation: [ ]

How long have you had a job? [ ]

How many hours do you work weekly? [ ]

Savings for Post-Secondary School: $[ ]

1. Number of dependents in the household:

Preschool Age [ ] Elementary School Age [ ]

Secondary School Age [ ] Attending Post-Secondary [ ]

Other, please specify [ ]

1. Will you be applying for O.S.A.P.? Yes [ ] No [ ]
2. Statement regarding circumstances of financial need: Briefly explain why financial assistance

would be beneficial to you.

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| --- |
|  |

I declare that to the best of my knowledge that the information given is true in all respects:

STUDENT SIGNATURE DATE

**SUBMIT YOUR APPLICATION TO STUDENT SERVICES BY THE REQUIRED DUE DATE.**