**ST. JOHN’S COLLEGE BURSARY/AWARD APPLICATION - 3**

**NAME: DATE:**

THE BRANT COUNTY FEDERATION OF AGRICULTURE AWARD 1 AWARD - $100.00

(Must be pursuing post-secondary education in the agriculture field) (+ Certificate)

THE ROBERT HAWORTH CONSERVATION SCHOLARSHIP 1 AWARD - $175.00

(Must be pursuing post-secondary education in the conservation/environment/parks/wildlife/hydrology field)

THE JEFFREY KINGS MEMORIAL BURSARY 1 AWARD - $1000.00

(Must be pursuing post-secondary education at college in a business program/demonstrate strong family values/kindness to others )

THE REBECCA WOLSTENHOLME MEMORIAL AWARD 1 AWARD - $ 100.00

(Must have successfully completed a child centred co-op and be pursuing a career working with children)

CRITERIA

Applicant must:

⮚ qualify to 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)

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 to Student Services by the last school day in February before 3:00 p.m., your application will be considered.

**PART A - GENERAL INFORMATION**

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:

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| --- | --- | --- | --- |
| 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 – CONTRIBUTIONS AND INVOLVEMENT WITH FAMILY/SCHOOL/COMMUNITY**

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| --- | --- | --- |
| ACTIVITY/INTEREST | NATURE OF INVOLVEMENT | DATES |
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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 LAST SCHOOL DAY IN FEBRUARY BEFORE 3:00 P.M.**