SCHOLARSHIP AWARD MABEL AND GORDON MCMILLEN FOUNDATION

ST. JOHN'S COLLEGE

I SCHOLARSHIP: \$6000.00

CRITERIA

Applicant must:

- have earned an Ontario Secondary School Diploma (O.S.S.D.).
- have a consistently high level of scholarship achievement (recipients usually have a minimum average of 90%).
- > made a significant contribution to the school's extra-curricular activities.
- be proceeding to a university degree at a Canadian university. (Proof of acceptance must be provided to Student Services by June 1).

The information required in this application will be used only to select recipients for these scholarships. This information will be reviewed by The McMillen Foundation designates and the Principal of St. John's College.

If you meet the above criteria and submit the completed form no later than Friday May 10 - 3:00 p.m., your application will be considered.

(NO HANDWRITTEN FORMS WILL BE ACCEPTED)

PART A - GENERAL INFORMATION

NAME	:					
	LAST NAI	ME FIRST NAME				
HOMI	E ADDRE	SSS:				
		STREET ~ CITY/TOWN ~ POSTAL CODE				
TELEP	PHONE N	IUMBER: GENDER: AGE:				
PARIS	H:	CITIZENSHIP:				
l.	Have yo	ou attended any other secondary school in the last four years? Yes No				
		If yes, please attach name and address of these schools which you have attended to this application.				
	School:	Address:				
	School:	Address:				
2.	Universities to which you have applied and program name:					
	l.	University:				
		Program:				
	2.	University:				
		Program:				
	3.	University:				
		Program:				

PART B: EXTRA-CURRICULAR ACTIVITIES AND INTERESTS

ACTIVITY/INTEREST	NATURE OF INVOLVEMENT	DATE

List any involvement in the community / volunteer work.

GROUP/INTEREST	NATURE OF INVOLVEMENT	DATE

List any part-time job(s).

PART-TIME JOB	NATURE OF INVOLVEMENT	DATE

PART D- PHILOSOPHY OF LIFE AND FUTURE GOALS

carefully read the before compositions	he brief history of the N	Mabel and Gordon McMillen Foun insightful reflection, combined wi	describe your future goals. It would be helpful to idation Award that is included in the application th proper grammar, spelling, and punctuation will
I, the undersi	gned, hereby declare	that, to the best of my knowle	edge, the information given in this application
is ti de ili ali i	espects.		
DATED AT			
_	CITY/TOWN		DAY/MONTH/YEAR

PLEASE EMAIL YOUR APPLICATION TO MS. HUGHES [tehughes@bhncdsb.ca] NO LATER THAN FRIDAY, MAY 10 – 3:00 p.m.

SIGNATURE OF APPLICANT