



# Harrison McCain Foundation

## Scholarship Application Form

This is a fillable pdf document. Use TAB between fields, print when done

**The Harrison McCain Scholarship/Bursaries** are available annually to entering students attending University who have graduated from a high school in Canada. Each award has a program value of \$16,000 payable over a four year course of study in the amount of \$4,000 per year. Criteria for the awards include a minimum 80% average in senior year of high school, financial need, leadership qualities, and a recognized initiative in funding your own education. The number of scholarship/bursaries available may vary from year to year. Renewal criteria to be met each year.

**Deadline for receipt of the completed application is MARCH 1.**

### Section A: To Be Completed By Applicant

Name:

Student Number (if known):

Mailing Address:

High School:

Will you be applying for a Canada Student Loan/  
Provincial Student Loan for the upcoming academic Year?  Yes  No

Do you anticipate having any paid employment  
over the summer? If so, please state expected occu-  
pation and estimated gross earnings.  Yes  No \$

### What are your estimated resources for the upcoming academic year?

1. Savings from summer employment	\$	<input type="text"/>
2. Tuition Waiver	\$	<input type="text"/>
3. Parents/parent contribution	\$	<input type="text"/>
4. Canada/Provincial Student Loan	\$	<input type="text"/>
5. Scholarships/bursaries (do not include this scholar-bursary)	\$	<input type="text"/>
6. Part-time work	\$	<input type="text"/>
7. Education/University trust fund	\$	<input type="text"/>
8. Savings other than #1 above	\$	<input type="text"/>
9. Investments	\$	<input type="text"/>
10. Canada Pension Benefits	\$	<input type="text"/>
11. Other (state resources)	\$	<input type="text"/>

### Where are you planning on living during the academic year?

In residence  In a room or apartment off campus  With Parent/Parents



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Please attach two (2) letters of recommendation, your own letter and personal essay, as follows:

- **On official letterhead**, one letter from your Principal, Teacher or Counsellor with their telephone number
- One letter from an employer, volunteer organization or a character (non-family) who has known you for at least two (2) years, with his/her telephone number
- **Attach a personal essay, outlining your extra-curricular, leadership, financial need, work experience and career plans. Please include an explanation of what this scholarship/bursary would mean to you (one to two pages limit).**

Indicate your overall high school marks percentile

### Section B: Parent (s) / Guardian(s) information

#### Marital Status of Parent (s)/ Guardian (s)

Married  Separated/Divorced  Single/Widowed  Common-Law

\*\* if the applicant's parents are separated/divorced, please provide the information and signature for the parent/stepparent who has custody of the applicant. If neither parent has custody, please provide the information and signature for the parent/stepparent with whom the applicant resides.

#### Occupation and yearly income of parents\*\*

	Father/Stepfather/Guardian	Mother/Stepmother/Guardian
Occupation	<input type="text"/>	<input type="text"/>
Yearly gross income \$	<input type="text"/>	<input type="text"/>

#### List names, ages, and relationship of individuals who are dependent on you

<input type="text"/>	<input type="text"/>
Name:	Age:
<input type="text"/>	<input type="text"/>
Name:	Age:
<input type="text"/>	<input type="text"/>
Name:	Age:
<input type="text"/>	<input type="text"/>
Name:	Age:

How many of the dependents listed above will be attending a post-secondary institution on a full time basis during the upcoming academic year?  (Last field. Print to complete or scroll to view)



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### **Section C: Declaration & Consent by Applicant and Parents/Guardian**

I declare that to the best of my knowledge, the information provided is correct.

I consent to the release of the information in this application, including high school transcripts on file, to the Harrison McCain Foundation for the sole purpose of determining the recipients of the scholarship -bursaries.

DATE	SIGNATURE OF APPLICANT
DATE	SIGNATURE OF MOTHER/STEPMOTHER/GUARDIAN
DATE	SIGNATURE OF FATHER/STEPFATHER/GUARDIAN

### **Please send your completed application to:**

Catherine Read  
Assistant Registrar, Institutional Research and Awards University of King's College  
6350 Coburg Road  
Halifax, NS B3H 2A1

Deadline for receipt of applications is **MARCH 1**

### **Reminder to applicant:**

- **Please attach two (2) letters of recommendation and your personal essay;**
- **Please attach a transcript of your high school marks**