

**Mission Community Foundation
Bursary & Scholarship Application Form**

Last Name: _____ First Name: _____

Address: _____ City: _____

Phone: _____ Postal Code: _____

Email Address: _____

I am applying for a: Bursary Scholarship

Current Secondary School: _____

Previous Middle School: _____

Which Post-Secondary Schools have you applied to? In order of preference.

Have you accepted to any of these schools?

If yes, which one?

Some of our funds have specific requirements for dispersal of funds; if any of the following apply to you, please put a check in the box provided.

- Annette Finch Memorial Fund: French Immersion secondary student going into French program at university.
- Circle of Wisdom Society: Female candidate pursuing Teaching degree
- John & BJ Pearson Fund: RCMP Boot camp attendee.
- LeDuc Bursary Fund: Member of St. Joseph's Catholic Church
- Mission Granite Club Fund: Must be a registered curler

Check List of Attachments required

Application Form (This form)

Biographical Sketch:

One page about yourself. Tell us about yourself; indicate your future educational skills training objectives and aspirations.

Summary of Accomplishments:

List in POINT form leadership opportunities, honours & awards, participation / memberships, involvement / volunteer activities, sports, arts, cultural events, after school employment. Also, indicate hours spent when applicable. (IE: 20 hours volunteering for the ABC Foundation)

Transcript of Grades: (**all are required** to be considered)

District Transcript of grades 10-12 marks
Grade 12 1st semester report card

Character Reference

From employer, volunteer coordinators, sports coaches, event coordinators.
Cannot be from a teacher, principal, or School staff member, unless that person has coached you in an arts, sports, or volunteer capacity.

Photograph Permission form

I hereby submit my application for your review. I certify that all information accurate and has been dutifully signed by all parties involved.

(Signature of Applicant)

(Date)

(Signature of parent or legal guardian*)
*Required if applicant is under 19 years of age

(Date)

(Counsellor Signature)

(Date)

Application deadline is the LAST THURSDAY of February.

Any applications received after that date will be void.

Name and Photograph Waiver and Permission
Award Recipients

To commemorate the achievements of the eventual recipients of the Mission Community Foundation Bursary/Scholarship Awards, we would like to take a group photo of all the recipients on stage immediately after the ceremony. The names of the Award recipients and the group photo will be featured on our website: www.missioncommunityfoundation.org and may appear in our Facebook page or local print media.

As such, we ask that you complete the information below and ask a parent/guardian to sign.

Name: _____
(Please PRINT)

Phone: _____

Address: _____

City: _____

Postal Code: _____

Current School attending: _____

Email: _____

I grant Mission Community Foundation permission to use my sons/daughter's name and photo to publicize the Bursary/Scholarship award and the work of Mission Community Foundation.

Signature

Name

Date