## Mission Community Foundation Bursary & Scholarship Application Form

Last	Name:	First Name:
Addre	ess:	City:
Phon	e:	Postal Code:
Emai	l Address:	
I am	applying for a: Bursary (financial need)	Scholarship (academic excellence)
Curre	ent Secondary School:	
Previ	ous Middle School:	
Whic	h Post-Secondary Schools have you app	lied to? In order of preference.
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Have	you accepted to any of these schools?	
	s, which one?	
What i	is your anticipated Career path? (What do	you want to be when you're finished school?)
	of our funds have specific requirements, please put a check in the box provided.	for dispersal of funds; if any of the following apply
	Annette Finch Memorial Fund: French	Immersion secondary student going into French
	program at university.	
	Circle of Wisdom Society: Female cand	idate pursuing Teaching degree
	John & BJ Pearson Fund: RCMP Boot of	camp attendee.
	LeDuc Bursary Fund: Member of St. Jos	seph's Catholic Church
	Mission Granite Club Fund: Must be a re	anistared 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. <i>Cannot be from a teacher, principal, or School staff member,</i> unless that person has coached you in an arts, sports, or volunteer capacity.		
	Photograph Permission form		
	ereby submit my application for your review. I certify that all information accurate and has en dutifully signed by all parties involved.		
(Si	gnature of Applicant) (Date)		
	gnature of parent or legal guardian*) (Date) equired if applicant is under 19 years of age		
(C	ounsellor 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: <a href="https://www.missioncommunityfoundation.org">www.missioncommunityfoundation.org</a> 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. (Student - Please PRINT) Phone:\_\_\_\_\_ Address: Postal Code: Current School attending: 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 Parent Signature (if applicant is under the age of 19)

Date