

JOHN AND ALICE MacLELLAN MEMORIAL SCHOLARSHIP

STUDENT INFORMATION:

Name: _____ Student # _____

Address: _____

Current School: _____ Grade: _____ Rank: _____

Program Next Year: _____ Institution: _____

*proof of registration may be required in the fall before payment.

SCHOOL ACTIVITIES AND COMMUNITY INVOLVEMENT:

Please record all school and community activities, clubs, organizations, and any offices held since your Grade 10 year.

AWARDS:

WORK HISTORY: (past three years)

FAMILY INFORMATION:

Parents/Guardians Name/s: _____

Occupations: Father: _____ Mother: _____

Brothers and Sisters:

Name: _____ Age: _____ Occupation: _____

Name: _____ Age: _____ Occupation: _____

Name: _____ Age: _____ Occupation: _____

Total family income: _____

REFERENCES (names and phone numbers):

1. _____

2. _____

Application Date: _____ Signature: _____

Please use the back of this form if you require extra space.