



**THE CORPORATION OF THE COUNTY OF WELLINGTON
BURSARY/ SCHOLARSHIP APPLICATION FORM**

INDICATE WHETHER YOU ARE APPLYING FOR A BURSARY, SCHOLARSHIP, OR BOTH:

() BURSARY

() SCHOLARSHIP

NAME: _____

ADDRESS: _____

CITY: _____

POSTAL CODE: _____

EMAIL: _____

TELEPHONE: _____

SECONDARY SCHOOL: _____

GRADUATION YEAR: _____

INDICATE BELOW WHICH COURSE, UNIVERSITY OR COMMUNITY COLLEGE & CAMPUS YOU WILL BE ATTENDING.
(INCLUDE ADDRESS AND TELEPHONE):

IN THE SPACE BELOW, LIST ANY AREAS OF YOUR COMMUNITY INVOLVEMENT OVER THE LAST TWO YEARS,
INCLUDING SPECIFIC POSITIONS HELD OR PROJECTS. USE A SEPARATE ATTACHMENT IF SPACE IS NOT SUFFICIENT.

REFERENCES:

NAME OF MEMBER OF THE COMMUNITY: _____

TELEPHONE NUMBER FOR CONTACT: _____

NAME OF TEACHER OR COUNSELLOR: _____

TELEPHONE NUMBER FOR CONTACT: _____

ATTACHMENTS:

PLEASE ATTACH A COPY OF MOST RECENT TRANSCRIPT

FOR THOSE APPLYING FOR A BURSARY PLEASE ATTACH A LETTER INDICATING FINANCIAL CIRCUMSTANCES THAT WOULD WARRANT THE APPLICATION FOR A STUDENT BURSARY

In the event your application is successful, your Social Insurance Number will be used to issue a T4A

SIN: _____

SIGNATURE: _____

Personal Information contained on this form is collected under the authority of, Municipal Act, 2001, S.O. 2001, c. 25, s. 227(c) and will be used only to ascertain eligibility for a Bursary/ Scholarship. Questions concerning the collection of information can be directed to the Deputy Clerk at 519.837.2600 x 2524.

Successful candidates will be required to forward their Social Insurance Number to the County of Wellington prior to the award being issued.

PLEASE RETURN COMPLETED FORM WITH AN OFFICIAL TRANSCRIPT BY **AUGUST 31** TO:

Nicole Cardow, Deputy Clerk
County of Wellington
Administration Centre
74 Woolwich Street
Guelph ON N1H 3T9
519.837.2600 x 2524
Fax: 519.837.1909
Email: nicoleca@wellington.ca