



**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: _____

EMAIL: _____

TELEPHONE: _____

SECONDARY SCHOOL: _____

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**

Personal Information contained on this form is collected under the authority of Part II, Section (1) (e) of the
Municipal Freedom of Information and Protection of Privacy Act, 1989, and will be used only to ascertain eligibility
for a Bursary/ Scholarship.

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

**Nicole Cardow, Deputy Clerk
County of Wellington, Administration Centre
74 Woolwich Street Guelph ON N1H 3T9
519.837.2600 x 2930
Fax: 519.837.1909
Email: nicoleca@wellington.ca**