



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/ OR CURRENTLY 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. LETTERS OF RECOMMENDATION:

ATTACH A LETTER OF RECOMMENDATION FROM A MEMBER OF THE COMMUNITY (NOT A RELATIVE)

NAME OF MEMBER OF THE COMMUNITY: \_\_\_\_\_

ATTACH A LETTER OF RECOMMENDATION FROM A TEACHER OR COUNSELLOR

NAME OF TEACHER OR COUNCELLOR: \_\_\_\_\_

2. ATTACH A LETTER INDICATING FINANCIAL CIRCUMSTANCES THAT WOULD WARRANT THE APPLICATION FOR A STUDENT BURSARY

3. ATTACH A COPY OF MOST RECENT TRANSCRIPT (SCHOLARSHIP APPLICANTS ONLY)

4. ATTACH A LETTER FROM CANADIAN COLLEGE OR UNIVERSITY CONFIRMING ENROLLMENT

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 31<sup>ST</sup> 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