## 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: <u>REFERENCES</u> (names and phone numbers):

Application Date:	Signature:
Please use the back of this form if you require ex	xtra space.