

**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.