



HARRISON McCAIN

Scholarship Application

The Harrison McCain Scholarships are available annually to entering students attending the **Faculty of Agriculture** (excluding Pre-Veterinary Medicine and Veterinary Technology) or **School of Nursing** who have graduated from a high school in Canada. Each award has a program value of \$16,000 payable over a four year course of study in the amount of \$4,000 per year. Criteria for the awards include a minimum 80% average in the senior year of high school, financial need, leadership qualities, and a recognized initiative in funding your own education. The number of scholarships available may vary from year to year. Renewal criteria are to be met each year.

Deadline: MARCH 1 (postmarked)

SECTION A: To be completed by the applicant

Name: _____

Dalhousie Student ID (if known):

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 Date of birth:

D	D	M	M	Y	Y	Y	Y
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Mailing address: _____

Full name of high school: _____

Will you be applying for a Canada Student Loan/ Provincial Student Loan for the upcoming academic year? Yes No

Do you anticipate having any paid employment over the summer?
If so, please state expected occupation and estimated gross earnings. Yes No \$ _____

What are your estimated resources for the upcoming academic year?

- | | |
|---|----------|
| 1. Savings from summer employment (including an estimate for summer 2019) | \$ _____ |
| 2. Tuition waiver | \$ _____ |
| 3. Parental contribution | \$ _____ |
| 4. Canada/Provincial Student Loan | \$ _____ |
| 5. Scholarships/bursaries (do not include this award) | \$ _____ |
| 6. Part-time work | \$ _____ |
| 7. Education/University trust fund | \$ _____ |
| 8. Savings other than #1 above | \$ _____ |
| 9. Investments | \$ _____ |
| 10. Canada Pension benefits | \$ _____ |
| 11. Other (state resources) | \$ _____ |

Where are you planning on living during the academic year? In residence In a room or apartment off campus
 With parents(s)/family

Please attach two (2) letters of recommendation and personal essay, as follows:

- On official letterhead, one letter from your Principal, Teacher, or Counsellor with their telephone number
- One letter from an employer, volunteer organization, or an individual (non-family) who has known you for at least two (2) years, with their telephone number
- Write a personal essay outlining your extra-curricular, leadership, financial need, work experience, and career plans, and tell us what an award of this scholarship/bursary would mean to you. Two page limit please.

SECTION B: Parent(s)/Guardian(s) information

Marital Status of Parent(s)/Guardian(s) Married Separated/Divorced Single/Widowed Common-Law

** If the applicant's parents are separated/divorced, please provide the information and signature for the parent/stepparent who has custody of the applicant. If neither parent has custody, please provide the information and signature for the parent/stepparent with whom the applicant resides.

Occupation and yearly income of parents

Mother/Guardian Occupation: _____ **Annual gross income:** _____

Father/Guardian Occupation: _____ **Annual gross income:** _____

List names, ages, and relationship to individuals who are dependent on your parent(s)/guardian(s) (including the applicant):

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

How many of the dependants listed above will be attending a post-secondary institution on a full time basis during the upcoming academic year (including the applicant)? _____

Each application must be reviewed and signed by the student's principal, vice-principal, or guidance counsellor (below).

SECTION C: Declaration & consent by applicant and parent(s)/guardian(s)

I declare that to the best of my knowledge, the information provided is correct. I consent to the release of the information in this application, including high school transcripts on file, to the Harrison McCain Foundation for the sole purpose of determining the recipients of the scholarships.

_____ Signature of Applicant	_____ Date
_____ Signature of Mother/Stepmother/Guardian	_____ Date
_____ Signature of Father/Stepfather/Guardian	_____ Date
_____ School official signature and title	_____ Date

Please send your completed application to: Assistant Registrar, Awards, Registrar's Office, Dalhousie University, 6299 South St, Room 130, PO Box 15000, Halifax NS B3H 4R2. Phone: 902.494.2122 or Toll-Free 1.866.729.4400.

Deadline: MARCH 1 (post-marked).

REMINDER TO APPLICANT:

Please attach two (2) letters of recommendation and personal essay.