

Harrison McCain Scholarship in memory of Marion McCain

The Harrison McCain Scholarships are available annually to entering students attending University who have

SECTION A TO BE COMPLETED BY APPLICANT

Demographic Information

| | |
|--|--|
| Full Name | |
| Student Identification Number (if known) | |
| Mailing Address | |
| Phone Number | |
| High School | |
| Degree Program | |

| Please respond to following questions | Yes | No | |
|---|--------------------------|---------------------------------|----------------|
| Will you be applying for a Canadian and Provincial Student Loan for the upcoming academic year? | | | |
| Do you anticipate having any paid employment over the summer? | | | |
| If so, please state expected occupation and estimated gross earnings: | \$ | | |
| Where are you planning on living during the academic year? (please check box) | In University Residences | In room or apartment off campus | With parent(s) |
| | | | |

What are your estimated resources for the upcoming academic year?

| Resources | Value |
|--|-------|
| Savings from summer employment | \$ |
| Tuition Waiver | \$ |
| Parent(s)/Guardian(s) contribution | \$ |
| Scholarships/bursaries (do not include this award) | \$ |
| Part-time work | \$ |
| Education/University trust fund | \$ |
| Savings other than summer savings listed above | \$ |
| Investments | \$ |
| Canada Pension Benefits | \$ |
| Other (state resources) | \$ |

| Marital Status of Parent(s)/Guardians(s) please check one that applies | | | |
|--|---------------------|----------------|------------|
| Married | Separated/Divorced* | Single/Widowed | Common-Law |
| | | | |

*If the applicant's parents are separated/divorced, please provide the information and signature (on page 3) 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 | | |
|---|----------------------------|----------------------------|
| | Father/Stepfather/Guardian | Mother/Stepmother/Guardian |
| Name | | |
| Occupation | | |
| Yearly gross income | \$ | \$ |

List names, ages, and relationship of individuals who are dependent on you, including applicant

