

**THE LEONARD FOUNDATION**  
*A Private Scholarship Trust Established in 1916 by the late Reuben Wells Leonard (1860-1930)*

**FINANCIAL ASSISTANCE PROGRAM**

**APPLICATION FORM**

To be completed by Applicant  
**PLEASE PRINT CLEARLY**

**Section 1**

Name \_\_\_\_\_  
Last Name Given Name(s)

Permanent Address: (Include Postal Code)

\_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Day Month Year

\_\_\_\_\_ Telephone ( ) \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

Have you received a Leonard Foundation Award before? No \_\_\_ Yes \_\_\_

If "YES," in what year \_\_\_\_\_ and what amount \$ \_\_\_\_\_?

Is either of your parents in the "preference" group as defined on the Criteria page? Yes \_\_\_ No \_\_\_

If "yes," explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In what program do you expect to enroll next September?

\_\_\_\_\_ Year \_\_\_\_\_ 1st, 2nd, etc.

List any degrees you will have by next September \_\_\_\_\_

Describe any physical or athletic activities in which you participate: \_\_\_\_\_  
\_\_\_\_\_

Extra curricular activities \_\_\_\_\_

**Section 1** (cont'd)

Armed Forces training, if any \_\_\_\_\_

Make a **complete** list of all scholarships, bursaries, grants or loans you **received** this year (state value).

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

TOTAL VALUE \$ \_\_\_\_\_

As listed above, for what have you **applied** for the next academic year?

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

ESTIMATED TOTAL VALUE \$ \_\_\_\_\_

If you are being supported in any way by your family, complete parts **A, B and D** below and have supporting persons, (parents or guardians) complete **Section Two** of this application.

If you are self-supporting, e.g., living away from the family home for several years, married etc., complete parts **A, B, C and D** below and omit Section Two.

A. State the reasons you believe you qualify for the Leonard Foundation's financial assistance.

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

B. Type of employment during the past year \_\_\_\_\_

Gross earnings this year, June to May \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_

Anticipated earnings next year, June to May \$ \_\_\_\_\_ Other income \$ \_\_\_\_\_

Estimated expenses for	Tuition fees	Books	Residence	Other	Total expenses
Academic year commencing					
next September	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Will you be **required** to take up a temporary residence to attend university? Yes \_\_\_ No \_\_\_

C. To qualify as an "independent" applicant, you must be **permanently** domiciled outside of the family home for a number of years and receive no financial support from that family. You are required to declare your status, income and assets as well as the status of anyone with whom you may have a partnership. You must provide sufficient detail to justify your financial need. It is recommended that you attach a detailed budget for the next academic year including revenues and expenses.

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

(Enclose insert if necessary)

**Section 1** (cont'd)

**D. Declaration of applicant**

I hereby certify that all the information provided in Section One of the Application to be true, correct and complete in all respects.

Date: \_\_\_\_\_

Signature \_\_\_\_\_

**Section 2**

To be completed by parent(s), guardian(s) in BLOCK LETTERS please.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Occupation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mother's/Father's/Guardian's total combined gross annual income from all sources this year  
\$ \_\_\_\_\_.

Mother's/Father's/Guardian's benefits such as dwelling, clothing, auto and other "in lieu"  
benefits.

Total pre- tax value \$ \_\_\_\_\_

Ages of other dependent children *attending a post secondary* institution. \_\_\_\_\_

Other supplementary information you wish to provide: \_\_\_\_\_

\_\_\_\_\_

I hereby certify that the information provided in Section Two of this Application to be true, correct and complete in all respects.

Date \_\_\_\_\_

Signature: \_\_\_\_\_

If only one parent or guardian's income is revealed, please explain why.

### **Section 3**

Certificate of Educational Qualifications of Applicant. To be completed by a representative of the institution where the Applicant is at present or was last in attendance.

This will certify that \_\_\_\_\_ attended \_\_\_\_\_  
from \_\_\_\_\_ to \_\_\_\_\_. Please indicate the anticipated educational  
attainment as at September of this year. (e.g. secondary school completion, one year, two years  
completed towards a degree program.) \_\_\_\_\_

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Position \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

**NOTE TO APPLICANTS:** \_\_\_\_\_ Copies of transcripts for all *post secondary* courses completed at time of  
submitting this application are required. ***Do not submit secondary school transcripts.***

### **Section 4**

***Conduct Certificate:*** To be completed by someone who has known you for at least two years, such as a  
teacher, member of the clergy, professor or principal who is not related to you.

I, (please print) \_\_\_\_\_ certify that I have known the Applicant as a  
person of good character and conduct and one likely to justify selection for an award from The Leonard  
Foundation and, to my knowledge, needs financial assistance in order to continue her/his education.

Further remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Occupation: \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Note to Applicant** Before forwarding this application, please read item 9 on the Criteria page.

If you do not receive correspondence from the Foundation by May 31, it will be because you were not  
chosen to receive an award.