THE LEONARD FOUNDATION FINANCIAL ASSISTANCE PROGRAM

A Private Scholarship Trust Established in 1916 by the late Rueben Wells Leonard (1860-1930)

APPLICATION FORM

Before completing this application, please read item 6 on the Criteria page regarding maximum total annual gross income as found on our website at www.leonardfind.org.

Section 1 – To be completed by the Applicant

Official name of College	/University you expect to	be attending in	Septem	ber	
Name:					
Last Name		Given Nan	ne(s)		
Permanent Address:					
		Date of B	irth:		
Street Number & Name	Apt/Unit #	-		(Da	ay Month Year)
		Telephon	ie:		
City	Province				
		eMail:			
Postal Code	_				
Have you ever received a Leonard Foundation Award before? Yes No					
If "YES", in what year and what amount \$					
Is either of your parents in the "preference" group as defined by the Criteria page					
at www.leonardfnd.org	? If "YES", select from the	following categ	gories.		Yes No
Ordained Clergy	Member of Engineer	ing Institute	☐ Cana	ıdian Militar	y
☐ School Teacher ☐ Member of Mining & ☐ Canadian Military College Graduate					
In what program do you expect to enroll this coming September?					
				Year	1 st , 2 nd , etc.
List any degrees you wil	l have by next September	•			

TRANSCRIPTS - Copies of transcripts for all **post secondary** courses completed at the time of submitting this application are required. **Do not submit secondary school transcripts.**

Section 1 (cont'd)

Describe any physical or athletic activities in which you participate:
Describe any extra curricular activities in which you currently participate:
Describe any extra curricular activities in which you currently participate.
Describe any Armed Forces training, if any:
State the reasons you believe you qualify for the Leonard Foundation's financial assistance.
T*
Financial Information
A. Funding for this current academic year: List all scholarships, bursaries, grants, loans (including
provincial student aid loans) you <i>received</i> this year and the value of each
province of out
TOTAL VALUE \$
B. Funding for next academic year: List all scholarships, bursaries, grants, loans (including provincial
student aid loans) for which you have <i>applied</i> or plan to apply for the next academic year and the
estimated values of each.
estinated values of each.
TOTAL VALUE \$
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Section 1 (cont'd)

C.	. Your income – from full and part time jobs				
	Enter your gross earnings from last June to this coming May			\$	
	Enter the amount of any other income received from any other source during this same period. Enter the amount you anticipate earning from this coming June to May of				\$
		rom summer employi			\$
D.	Estimate your ex	xpenses for the upcon	ning Academic year co	mmencing this Septe	mber.
	Tuition Fees	Books	Residence	Other	Total Expenses
E.	. Will you be required to take up a temporary residence to attend university? Yes No				Yes No
F.	domiciled outside of the family home for a number of years and receive no financial support, for living and education expenses 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.				
	Please attach a	detailed budget for th	e next academic year	including all revenues	s and expenses.
G.	G. Declaration of Applicant I hereby certify the information provided in Section 1 of the Application to be true, correct and complete in all respects.				
	Date (dd-MM)	M-vyyy)		ture*	

^{*}An electronic signature will be accepted if this application is completed and sent electronically

Section 2

To be completed by parent(s) or guardian(s).

Note: You may be required to provide official documentation that supports your statement of family income (e.g. most recent Canada Revenue Agency, Notice of Assessment).

First Parent/Guardian

Name:	
Relationship:	
Occupation:	
Gross annual income from all sources;	\$
Value of any other benefits received in lieu of a salary, such as a car allowance, housing subsidy, clothing allowance, if any:	

Second Parent/Guardian*

Name:	
Relationship:	
Occupation:	
Gross annual income from all sources;	\$
Value of any other benefits received in lieu of a salary, such as a car allowance, housing subsidy, clothing allowance, if any:	S

	by certify the information provided in Section 2 of ete in all respects.	this Application to be true, correct and
-	Date	Signature *

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

^{*}An electronic signature will be accepted if this application is completed electronically.

Section 3

Conduct Certificate: To be completed by someone who has known you for at least two (2) years, such as a teacher, member of the clergy, professor or principal who is not related to you.		
Please explain how you know the applicant an	d any further remarks you would like to make:	
Trease explain now you know the applicant an	d any further remarks you would like to make.	
Occupation:	Telephone:	
Address:		
Date (dd-MMM-yyyy)	Signature*	
*An electronic signature will be accepted if thi	is application is completed and sent electronically	
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NOTE TO APPLICANT:

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