



**William H. McGannon Foundation
Fondation William H. McGannon**

College Scholarship Application Form

1. Name _____
Last First Middle
2. Present address: _____
Street City Prov. Postal Code Telephone
3. Permanent address: _____
4. Email address: _____
5. Age (Optional): _____ Canadian Citizen: Yes No Marital Status (Optional) _____
6. Indicate your present class standing: 1st 2nd
7. Major field of study: _____
8. Minor field of study: _____
9. Name of school now attending: _____
10. If you are currently a first year student, where will you attend in your second year?

11. a. If you are currently a second year student or are employed, to which school(s) have you applied to continue your Risk Management / Insurance education?

- b. Have you been accepted for the next academic year? _____
- c. If so, where and in what field of study?

12. a. When do you expect to receive your college diploma? _____
Month Year
- b. When do you expect to receive your university degree? _____
Month Year



13. Formal Education (original college/university and graduate school transcript(s) must accompany this application)

High School: _____
 Name Location Year/Graduated

College/
 University: _____
 Name Location Year/Graduated

Other: _____
 Name Location Year/Graduated

14. Academic Record:

Approximate post secondary grade point average _____ out of possible _____ points.

Approximate post secondary grade point average in major field of study _____.

Approximate post secondary grade point average in minor field of study _____.

Approximate graduate level grade point average _____.

15. Scholastic honours earned (elaborate – use separate sheet if necessary):

16. Extracurricular and personal activities: Please list your principal extracurricular and community activities and hobbies. Include specific events and/or accomplishments such as non-academic honours won, sports, etc. Please feel free to elaborate on an additional sheet of paper.

| Activity | Year of Participation | | No. of Hours spent per week | Position Held or Honours Held |
|----------|-----------------------|-----|-----------------------------|-------------------------------|
| | 1st | 2nd | | |
| | | | | |
| | | | | |
| | | | | |

17. Work Experience: (Please list any jobs, including summer employment, you have held).

Resume Attached (alternative to below)

| Specific Nature of Work | Employer | Date of Employment | Hours Per Week |
|-------------------------|----------|--------------------|----------------|
| | | | |
| | | | |
| | | | |



18. References: Three recommendation forms (particularly from academic sources) are required. Please list the names of those individuals, academics and/or employers, you have asked to complete and send recommendation forms directly to the Foundation:

(1) _____
Name Telephone Number and/or email

(2) _____
Name Telephone Number and/or email

(3) _____
Name Telephone Number and/or email

19. Essay: On a separate sheet of paper, describe in 500 words your chosen career path and goals.

20. Date: _____ Signature of Student: _____

21. In the event that you are awarded a scholarship, to whom at the college should the cheque be sent?

Name: _____ Address: _____

_____ Telephone Number: _____

22. I certify that _____ is scheduled to be a full-time student
Student's Name

during the current academic year at _____
College/University

Name of Dean/Department Head (Please Print): _____

Signature of Dean/Department Head

Date

All correspondence should be addressed to:
William H. McGannon Foundation for Advanced Risk Management
c/o Joseph Restoule
President
6093 Signal Ridge Hts. S.W.
CALGARY, Alberta
T3H 2P1
Canada

Application packages received after November 30th will not be considered.
Only completed applications will be considered.



**William H. McGannon Foundation
Fondation William H. McGannon**

Recommendation Form

This form should be mailed directly to:
Joseph Restoule, President,
6093 Signal Ridge Hts. S.W., CALGARY, Alberta T3H 2P1 Canada

Please Print or Type

Nominee's Name _____
Last First Middle

Institution _____

I hereby waive the right to review the recommendation form after its completion.

Date _____ Applicant's Signature _____

Please evaluate this student (compared to all students you have taught) by checking the appropriate box below:

Scholarship
 Good (Upper 25%) Excellent (Upper 15%) Superior (Upper 5%)

Application (initiative, enthusiasm for work, degree of application)
 Good (Upper 25%) Excellent (Upper 15%) Superior (Upper 5%)

Leadership (ability to inspire, win cooperation, act wisely in dealings with others, etc.)
 Good (Upper 25%) Excellent (Upper 15%) Superior (Upper 5%)

Please give your general appraisal of the candidate. In addition to your estimate of his/her intellectual capacity, evaluate his/her leadership potential insofar as possible. Please continue your appraisal on a separate sheet of paper.

Name _____ Title _____

School and Department _____

Address _____
Street City Province Postal Code

Telephone _____ Fax _____

Email Address: _____

Date _____ Evaluator's Signature _____

THIS FORM MAY BE DUPLICATED – Please note that three (3) recommendation forms are required to constitute a complete application scholarship.