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    3rd    4th    Master’s Candidate
   ☐ Pre-dissertation Ph.D. Candidate    ☐ None
7. Major field of study:________________________________________________________________
8. Minor field of study:________________________________________________________________
9. Name of school now attending:__________________________________________________
10. If you are currently a third year student, where will you attend in your fourth year?
    ______________________________________________________________________________
11. a. If you are currently a fourth year student or are employed, to which graduate school(s) have you
    applied?
    ______________________________________________________________________________
    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 undergraduate degree? ____________________________
    Month                Year
    b. When do you expect to receive your graduate degree: ________________________________
    Month                Year
    c. When do you expect to begin your thesis/dissertation? ______________________________
    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.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Year of Participation</th>
<th>Number of Hours Spent Per Week</th>
<th>Position Held or Honours Held</th>
</tr>
</thead>
<tbody>
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<td>1st</td>
<td>2nd</td>
<td>3rd</td>
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</tbody>
</table>

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

☐ Resume Attached (alternative to below)

<table>
<thead>
<tr>
<th>Specific Nature of Work</th>
<th>Employer</th>
<th>Date of Employment</th>
<th>Hours Per Week</th>
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</table>
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 university should the cheque be sent?

   Name: __________________________________________ Address: ______________________________________________________
   __________________________________________ Telephone Number: ______________________________________________________

22. I certify that __________________________________________ is scheduled to be a full-time student during the current academic year at __________________________________________

   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.
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 ______________________________________________________________________

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.