



DR. SHIRLEY M. HOLMES AWARD

PURPOSE

The late Elsie Holmes, of the City of Chatham, in the former county of Kent (now the Municipality of Chatham-Kent), bequeathed a sum of money to establish the “Dr. Shirley M. Holmes Award”.

AWARD

Two equal scholarships in an amount to be determined from the income of the fund will be given annually, commencing with the 1995-1996 academic year. In any given year, the income from the fund may be used to the following year or years, or may be added to the fund itself, if no recipient is selected.

CRITERIA

1. Any deserving student graduating from any public secondary operated by the former Kent County Board of Education who is studying science at a post-secondary institution in the year immediately following graduation.
2. The recipient must normally reside within the territorial areas established for attendance at public secondary schools within the Municipality of Chatham-Kent.
3. Annual selection of two recipients will be co-ordinated by the Administrator – Chatham-Kent Public Education Student Assistance Foundation.
4. In the selection of award recipients, preference will be given to the following criteria, in order of priority as listed:
 - ❖ need for financial assistance;
 - ❖ majoring in science;
 - ❖ taking sciences as part of his/her curriculum.

APPLICATION PROCEDURE

1. Applications must be submitted to the Principal of the public Secondary School from which the student graduated by June 1st of the year of graduation from secondary school.
2. Applications shall be made on a form as attached. These forms may be obtained from the Student Services Office of the public Secondary Schools in the Municipality of Chatham-Kent.
3. Annual selection of two recipients will be co-ordinated by the Administrator – Chatham-Kent Public Education Student Assistance Foundation.
4. All applicants will be informed whether or not they have been successful.
5. Please be advised that the Board may publish the name of the recipient of this award.

*Questions regarding the collection of this information should be directed to the Administrator – Chatham-Kent Public Education Student Assistance Foundation
519-354-3775, ext. 31201*

DR. SHIRLEY M. HOLMES AWARD

APPLICATION FOR BURSARY

PERSONAL DATA

LAST NAME:		GIVEN NAME:		MIDDLE INITIAL	
Permanent Home Address:			Address While Attending School:		
Home Phone & Area Code:			Phone & Area Code While Attending School:		
Birth Date:	Marital Status	Sex	Citizenship:		

EDUCATIONAL DATA

Last Secondary School attended:		Leaving Date
Name of Educational Institution You Have Been Accepted at or Applied To:		
Name of Course:	Course Length	
What percentage of a full course load are you taking?		

Please indicate the costs applicable **only to the term for which you are applying.**

COST PER TERM:	NOT LIVING AT HOME ف	LIVING AT HOME ف
TUITION _____	RESIDENCE _____	FOOD _____
BOOKS _____	FOOD _____	TRANSPORTATION _____
OTHER _____	UTILITIES _____	BOARD _____
_____	TRANSPORTATION _____	OTHER _____
_____	RENT _____	_____
_____	OTHER _____	_____
_____	_____	_____
		TOTAL EXPENSES
		PER TERM: _____

EMPLOYMENT AND FINANCIAL DATA

1. If you are continuing with post-secondary education with no interruptions to your educational program excluding summer vacation, please complete the following:

A) Place of employment during summer	How Long	Rate of Pay	Estimated Gross Earnings
B) Place of part time employment while attending school	How Long	Rate of Pay	Estimated Gross Earnings

2. Other income: e.g. Social Assistance, Pension, Government Income, Benefits, Bursaries or Scholarships.

A) Type of Income	Amount

3. Have you received or are you expecting to receive a loan from the Ontario Student Assistance Plan?

YES NO

If yes, AMOUNT _____

4. Support from non-custodial parent or other relative?

If yes, AMOUNT _____

PLEASE COMPLETE THE APPROPRIATE SECTION IF APPLICABLE TO YOUR SITUATION (QUESTION 6 OR 7)

5. Information about Applicant's Parents / Step-Parents / Guardians

A) List all dependent children during study period applied for, including applicant.

Dependent's Name(s)	Age	School Presently Attending

B) Employment status of father in previous year: EMPLOYED _____ OTHER _____

C) Employment status of mother in previous year: EMPLOYED _____ OTHER _____

D) Did either of your parents file an income tax return in the last 12 months? YES NO

E) Gross income of parents in the last 12 months

Father's Occupation	Employer	Gross Income
Mother's Occupation	Employer	Gross Income

DECLARATION OF PARENTS / STEP-PARENTS / GUARDIANS

I/we declare that all information contained in section 6 is true and complete in all respects.

Date

Signature of Parent / Step-Parent / Guardian

Signature of Parent / Step-Parent / Guardian

EMPLOYMENT AND FINANCIAL DATA

6. Information about Applicant's Spouse / Dependents

A) Date of Marriage (Y/M/D)	B) No. Dependent Children	C) Full Name of Spouse: Last	Given	Middle
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D) Employment status of spouse in previous year: EMPLOYED _____ OTHER _____

E) Did your spouse file an income tax return in the last 12 months? YES NO

F) Gross income of spouse in the last 12 months:

Spouse's Occupation	Employer	Gross income
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DECLARATION OF SPOUSE

I declare that all information contained in Section 7 is true and complete in all respects.

_____ Date

_____ Signature of Spouse

PERSONAL ASSETS & LIABILITIES DATA

1. Do you own real estate? YES NO If yes, give details

2. Do you have any investments? YES NO If yes, give details.

3. Please list cash on hand, bank accounts, etc.

4. Do you have any outstanding loans or debts? YES NO If yes, give details.

5. Do you have other unusual major expenses? Give details.

