

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 1 on the Eligibility Criteria page regarding maximum annual gross income as found on our website at www.leonardfnd.org.

Section 1 – To be completed by the Applicant

Official name of College/University you expect to be attending in September

Name: _____
Last Name _____ *Given Name(s)* _____

Permanent Address:

Street Number & Name _____ Apt/Unit # _____ Date of Birth: _____
(Day Month Year)

City _____ Province _____ Telephone: _____

Postal Code _____ eMail: _____

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 categories. Yes No

<input type="checkbox"/> Ordained Clergy	<input type="checkbox"/> Member of Engineering Institute	<input type="checkbox"/> Canadian Military
<input type="checkbox"/> School Teacher	<input type="checkbox"/> Member of Mining & Metallurgical Institute of Canada	<input type="checkbox"/> Canadian Military College Graduate

In what program do you expect to enrol next September?

Year 1st, 2nd, etc

List any degrees you will 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:

Extra curricular activities:

Armed Forces training, if any:

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

Financial Information

A. Funding for this current academic year: List ***all*** scholarships, bursaries, grants, loans (including provincial student aid loans) you ***received*** year and the value of each.

TOTAL VALUE \$

B. Funding for next academic year: List ***all*** scholarships, bursaries, grants, loans (including provincial student aid loans) for which you have ***applied*** or plan to apply for the next academic year and the estimated values of each.

TOTAL VALUE \$

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
next year, e.g. from summer employment or part-time work during the \$
school year.

D. Estimate your expenses for the upcoming Academic year commencing next September:

Tuition Fees	Books	Residence	Other	Total Expenses

E. Will you be required to take up a temporary residence to attend university? Yes No

F. Independent Applicants – 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 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 the next academic year including all revenues and expenses.

G. Declaration of Applicant

I hereby certify that all the information provided in Section 1 of the Application to be true, correct and complete in all respects.

Date (dd-MMM-yyyy)

Signature*

*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).

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:	\$

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

I hereby certify that the information provided in Section 2 of this Application to be true, correct and complete in all respects.	
<i>Date (dd=MMM=yyyy)</i>	<i>Signature *</i>

*An electronic signature will be accepted if this application is completed and sent 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.

I _____ 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.

Please explain how you know the applicant and any further remarks you would like to make:

Occupation: _____ Telephone: _____
Address: _____

Date (dd-MMM-yyyy)

Signature *

*An electronic signature will be accepted if this application is completed and sent electronically.

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.