

## GUIDELINES for the MUNRO C. BELL BURSARY

The Munro C. Bell Bursary is a \$1,000 bursary to be awarded to a student from the Stewiacke Valley, graduating from South Colchester Academy or Cobequid Educational Centre. The Stewiacke Valley is made up of the communities of Upper Stewiacke, Middle Stewiacke, Newton Mills, Eastville, Pembroke, Burnside, Crossroads, Otterbrook, Meadowvale, South Branch and Brenton Crossroads.

The successful applicant(s) is required to be enrolled in a human health related discipline at a post secondary institution such as: a university, community college, technical institute or other institution approved by the Director of the Stewiacke Valley Doctors Residence Society.

Application for the Bursary will be assessed according to financial needs, distinction and/or outstanding effort in academic, extra-curricular or community activities, generosity of spirit and strength of character.

Applications for the Bursary must be submitted to the Guidance Counsellor not later than the second Friday in May of graduating year. All applications and recommendations must be received by the Munro C. Bell Bursary Committee not later than the third Friday in May.

A Committee chosen by the Directors of the U.S.D.R.S. will select the successful student. The Committee's decision will take into consideration the recommendations received from the High School Advisory Committee at the two eligible schools.

In the event that the Munro C. Bell Bursary Committee determines that there are two equally qualifying candidates, they may award an equal amount to each applicant: that is, \$500 to each. If no applications meet the bursary criteria or no submissions have been put forward, \$1,000 will be carried over to the allocation for the following year at which time, two awards may be made.

A member of the Society, prior to the graduation exercises, will notify the successful candidate(s) in writing, requesting that he/she sends a copy of a registration invoice evidencing enrolment at a post-secondary institution. As well, a representative of U.S.D.R.S. will award the bursary money to the recipient(s) at the graduation(s).

For additional information about the Munro C. Bell Bursary, please contact Cheryl MacKay at 671-2324.

## MUNRO C. BELL BURSARY APPLICATION FORM

Name of Applicant (Please print):

\_\_\_\_\_  
(Surname)                      (First name)                      (Second name)

Address:

\_\_\_\_\_  
(P.O.Box, Street & no.)              (Community or village)              (Phone)

Date of Birth: Day \_\_\_\_ Month \_\_\_\_ Year \_\_\_\_

Sex: Male \_\_\_\_ Female \_\_\_\_

Name of Parents/Guardians	Relationship	Occupation & Employer
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_____	_____	_____
_____	_____	_____

List academic, extra-curricular and community activities in which you participate and provide any details of your participation that you believe may be of particular interest or significance: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any summer, part-time or full-time employment you have had:

Employer:

Period of employment:

_____	_____
_____	_____
_____	_____
_____	_____

Name of Post-Secondary Institution to which you have been admitted:

\_\_\_\_\_

Health-Related Discipline or Faculty in which you are admitted:

\_\_\_\_\_

Length of program or study: \_\_\_\_\_

Career for which you are planning: \_\_\_\_\_

What are the tuition costs per year: \_\_\_\_\_

What other costs will you incur (estimate): \_\_\_\_\_

\_\_\_\_\_

Have you received a Scholarship or Bursary from the Institution you plan to attend or are planning to attend? \_\_\_\_\_ If so, what amount: \_\_\_\_\_

How many in your family?(excluding parents) \_\_\_\_\_. List the ages of the members of your family living at home (excluding parents) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

PLEASE RETURN THIS COMPLETED FORM TO YOUR GUIDANCE COUNSELLOR NO LATER THAN THE SECOND FRIDAY IN MAY.

