



Federated Women's Institutes of Ontario

HELEN M. MCKERCHER SCHOLARSHIP APPLICATION FORM

Deadline: June 30, 2019

APPLICANT INFORMATION		
Name:		
Address:		
City:	Prov:	Postal Code:
Phone:	Email:	
# of years residing in Ontario:	Are you a Canadian Citizen? <input type="radio"/> YES <input type="radio"/> NO	

EDUCATIONAL BACKGROUND				*PLEASE ATTACH COPIES OF ACADEMIC TRANSCRIPTS.
NAME OF SCHOOL	DATES ATTENDED	DEGREE	DATE RECEIVED	

AWARDS, DISTINCTION & SPECIAL RECOGNITION RECEIVED		
Name:	Date Received:	Description:
Name:	Date Received:	Description:
Name:	Date Received:	Description:

CURRENT ACADEMIC STUDIES	
Are you presently enrolled in graduate studies? <input type="radio"/> YES <input type="radio"/> NO	
Name of University:	Degree sought:
Area of Study/Research:	
What financial support are you currently receiving, or will receive for graduate studies, if any?	

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CURRENT COMMUNITY INVOLVEMENT/MEMBERSHIPS

Please describe your community involvement and/or membership in any professional organizations, groups or associations.

EMPLOYMENT HISTORY

Name of Employer:

Type of Business:

Address:

City:

Prov:

Postal Code:

Position Title:

Start Date:

End Date:

Name of Supervisor:

Supervisor's Title:

Phone:

E-mail:

May they be approached for a reference:

YES

NO

PERSONAL REFERENCES

Name:

Phone:

E-mail:

Name:

Phone:

E-mail:

Name:

Phone:

E-mail:

I understand that my application is not considered complete unless accompanied by the following:

- A 500-word essay answering the question, "What does social justice mean to you and how can members of the Federated Women's Institutes of Ontario better support our young adults?"

Applicant must be: a Canadian Citizen, resident of Ontario for at least 5 years, graduate of a Canadian University.

I authorize the Federated Women's Institutes of Ontario (FWIO) to use my name, photograph, province of residence and field of study in media releases, annual reports, websites or advertising to publicize and promote the Helen M. McKercher Scholarship.

Signature

Date

Please send completed form and attachments to:
Federated Women's Institutes of Ontario—ATTN: SCHOLARSHIPS
(contact information below)

THIS FORM MAY BE PHOTOCOPIED.

Federated Women's Institutes of Ontario

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