THE E.C. HUTCHINSON MEMORIAL BURSARY FUND

LSA CHURCH
TRANSFORMED PEOPLE TRANSFORMING COMMUNITIES



FORWARD

The E. C. Hutchinson Memorial Bursary Fund was established to further the education of individuals who regardless of age and in the opinion of the E. C. Hutchinson Memorial Bursary Committee of Lakeshore St. Andrew's Presbyterian Church:

- 1. Show conscientious application to their studies.
- 2. Show most promise of benefiting from further education.
- 3. Need assistance in order to achieve their educational goals.
- 4. Have demonstrated a commitment to Lakeshore St. Andrew's and the community by doing charitable or volunteer work.
- 5. Reside within the area designated as Windsor and Essex County.
- 6. Are regular attending members or adherents of Lakeshore St. Andrew's Presbyterian Church.

At Mr. Hutchinson's insistence, the awarding of bursary monies was not to be granted "solely on the basis of achieving high academic grades." The intention of the bursary was "to assist students who would benefit most from further education without regard to their level of academic achievement."

BURSARY GUIDELINES

- 1. Bursary funds will be made available when interest earned on the bursary principle accumulates enough to offer bursaries.
- 2. Applicants may apply for bursary funding once per calendar year.
- 3. The applicant is responsible for the completion of all sections of the application, including required signatures and required supporting documents.
- 4. The applicant is to submit a one-page essay stating reasons for applying for the bursary.
- 5. Proof of registration and acceptance at a post-secondary institution of higher learning must be provided before bursary funds will be awarded.
- 6. One written reference supporting the applicant's involvement in community and volunteer work. The reference should be from a person such as a(n):
 - a. Leader of LSA ministry area the individual is involved in.
 - b. Teacher.
 - c. Executive member of a volunteer or community organization.

The letter must not be from a parent, relative or guardian of the applicant.

- 7. The application must include the following:
- a. Official transcripts identifying all courses completed, final grades received and principal signature.
 - b. An overall grade average from all secondary courses clearly shown.
 - c. Up-to-date marks for courses in progress.
- 8.Photocopies of Revenue Canada's Notice of Assessment from previous year from parent(s), guardians or sponsors and student.
- 9.If the applicant wishes to have his/her transcript or any of the other documents returned he/she must include a stamped, self-addressed envelope.
- 10.Incomplete applications or applications unaccompanied by the required documents as outlined above will not be considered.
- 11.All applications to be submitted to the selection committee by stated / published deadline.
 - 12. Completed applications must be returned to the selection committee by:
 - a. Submitting sealed applications to the church office at Lakeshore St.

Andrew's Presbyterian Church

b. Or by mailing applications to:

Lakeshore St. Andrew's Presbyterian Church 235 Amy Croft Dr.

Tecumseh ON N9K 1C8

For inquiries please call Lakeshore St. Andrew's Presbyterian Church at 519-979-8082 during regular office hours between 8:30 a.m. and 4:30 p.m.

APPLICATION FORM

			Т									
Surname:				Given Names:					DOB:			
Address:			City:					Postal Code	e:			
Phone (H):			E	Email:								
Name of So	:hool:		•									
Name of Po	ost-Seconda	ry Institutio	n:									
Address:			C	ity:					Postal Code:			
Name of Pr	rogram											
Number of	Years											
Diploma Pւ	ırsued:											
Career Pat	h:											
Please sup	ply the follo	wing inform	nation for 3	reference	es:							
Name:			1	Address:								
City:			F	Postal Cod	e:							
Phone (H):			E	Email:								
Name:			4	Address:								
City:			F	Postal Cod	e:							
Phone (H):		E	Email:									
			<u> </u>									
Name:			Į.	Address:								
City:			F	Postal Cod	e:							
Phone (H):			E	Email:								
Declaration	n:											
institute in am also aw	dicated abo	, hereby ap nation given i ove on the ap the event th s Presbyteria	is complete pplication f nat I was to	e and true form. I als receive th	, that I will o hereby de ne bursary,	be a stude eclare that all monies	the bursary will be forw	ademic pe is essentia arded on n	riod stated al to enable ny behalf by	and will att me to cont	tend the ed inue my ed	ucational ucation. I
Signature o	of Applicant	:						Date:				
Signature o	of Witness:							Date:				
Address:								City:				

CONTINUED

The follo	wing do	cum	ent applies to ap	plicant	s living w	vith parents	, guarc	lians or sp	onsors.
			t, Guardian or Spo Completed by one of						
Name:								☐ Mar	ried 🗌 Single
Parei	nt 🔲 Gu	ardi	an 🗌 Other (spe	cify):					
Other de	penden	t chi	ldren:						
Name of	Child:			DOB:				School	Post-Secondary
Name of	Child:				DOB:			School	Post-Secondary
Name of	Child:				DOB:			School	Post-Secondary
Name of	Child:				DOB:		L	_ School	_l Post-Secondary
D	epender	nts o	ther than childre	า:					
Name:				Spec	ify why:				
Name:				Specify wh					
Name:				Specify why:					
Occupat	ion of He	ead (of Household:						
Name of						Address:			
			me of parents or a v income before livi			deducted).			
			photocopies of Re				sessn	nent Form	from prior year.

CONTINUED

The following document applies to applicants who are not living with a parent, guardian or sponsor.

Declarat	ion by Applicant	:								
Name:								Married	Sin	gle
Depende	ents:									
Name:				Relatio	nship:					
Name:				Relatio	nship:					
Name:				Relatio	nship:					
Name:				Relatio	nship:					
Name:				Relatio	nship:					
Name an	d Address of En	nployer:								
Applican	ts yearly income	e:								
Note: Ple	ease attach phot	ocopies	of Revenue	e Canada	a Notice	of Asses	ssment	Form fro	m prio	r
year.										
outline	use the following s any information than to the above decl	at is								
	Declaration:									
I, hereby o	leclare that the inforn	nation give	n above is comp	olete and t	rue in all re	spects.				
Signature	of Applicant:						Date:			

VOLUNTEER AND COMMUNITY INVOLVEMENT

Organization:		Contact Name:		
Address:	City:		Postal Code:	
Phone:	Email:			
Organization:		Contact Name:		
Address:	City:		Postal Code:	
Phone:	Email:			
,	<u>, </u>			
Organization:		Contact Name:		
Address:	City:		Postal Code:	
Phone:	Email:			
Organization:		Contact Name:		
Address:	City:		Postal Code:	
Phone:	Email:			

LSA Church 235 Amy Croft Drive, Lakeshore On, N9K 1C8 Phone: 519-979-8082