

Deadline May 24th, 2024

J. DEAN MCALLISTER MEMORIAL BURSARY

SPONSORED BY SCHIZOPHRENIA SOCIETY OF NB INC.

APPLICATION FORM

Name: Mailing Address:

Date of Birth: (MM/DD/YYYY)

Email Address:

Telephone Number:

Name of University, Community College:

Name the field of study that you are entering that will assist with mental health issues.

Complete the following and attach a copy of your transcript with grades 11 and 12 marks to date:

# Grade 10

Name of School:

Average Mark for year:

# Grade 11

Name of School:

Average Mark for year:

# Grade 12

Name of School:

Average Mark for year:

Community and Extra Curricular Activities: (Volunteering, youth groups, sports, etc…)

Since the bursary is primarily based on NEED, demonstrate to us your need and why you wish to obtain *the J. Dean McAllister Memorial Bursary*. \*If the space provided is not sufficient, please attach your answer.

Please list any other Bursaries or Scholarships that you have been awarded:

Please list three people who know you well, whom the Executive Committee of the Bursary may contact for a reference. These could/should include one or two of your teachers and may include a clergyman or other responsible persons.

Name:

Address:

Occupation:

Name:

Address:

Occupation:

Name:

Address:

Occupation:

Please give any information you feel may assist the selection committee when considering your application for the *J. Dean McAllister Memorial Bursary*:

# Mission Statement:

*“To improve the quality of life for those affected by Schizophrenia & Psychosis through education, support programs, public policy and research.”*