

Harrison McCain Scholarship in memory of Marion McCain

2027 Application Form

The Harrison McCain Scholarships are available annually to entering students attending University who have graduated from a high school in Canada. Preference will be given to Canadian citizens and/or permanent residents. Each award has a program value of $16,000 payable over a four year course of study in the amount of $4,000 per year. Criteria for the awards include a minimum 85% average after first term of Grade 12, based on university preparatory courses, financial need, leadership qualities, and a recognized initiative in funding your own education. The number of scholarships/bursaries available may vary from year to year. Renewal criteria to be met each year.

APPLICATION INFORMATION

Additional Required Documentation

The following additional required supporting documentation must be attached to the application to be deemed complete

- A letter* indicating what this scholarship/bursary would mean to you. One page limit.
- A personal essay* outlining extra-curriculars, leadership, financial need, work experience, and career plans. Two page limit.
- Copy of high school transcript

**It is the Foundation's expectation that the letter and essay, referred to above, be written without AI assistance. If such assistance is detected, the student's application may be rejected.*

Application Deadline	Completed applications must be received by March 1. If the deadline falls on a weekend or holiday, please ensure your application is received by MtA on or before the workday prior to March 1.
Application Submission: Please send your completed application to:	Registrar's Office — Mount Allison University 62 York St. Sackville, NB E4L 1E2 506-364-2269
Application Package Checklist.	Please ensure the following documents are submitted to MtA's Registrar's Office as a complete application package: • this completed application • letter • personal essay • high school transcript
Contact at Mount Allison University	Lucrèce O'Neal (she/her) Financial Aid and Awards Officer Mount Allison University 506-364-2258 | financialaid@mta.ca

SECTION A – TO BE COMPLETED BY APPLICANT

Demographic Information

Full Name	
Student Identification Number (if known)	
Mailing Address	
Phone Number	
High School	
Degree Program	

Please respond to following questions		**Yes**	**No**
Will you be applying for a Canadian and Provincial Student Loan for the upcoming academic year?			
Do you anticipate having any paid employment over the summer?			
If so, please state expected occupation and estimated gross earnings:	$		
Where are you planning on living during the academic year? (please check box)	In University Residences	In room or apartment off campus	With parent(s)

What are your estimated resources for the upcoming academic year?

Resources	**Value**
Savings from summer employment	**$**
Tuition Waiver	**$**
Parent(s)/Guardian(s) contribution	**$**
Scholarships/bursaries (do not include this award)	**$**
Part-time work	**$**
Education/University trust fund	**$**
Savings other than summer savings listed above	**$**
Investments	**$**
Canada Pension Benefits	**$**
Other (state resources)	**$**

SECTION B – TO BE COMPLETED BY PARENT(S)/GUARDIAN(S)

Marital Status of Parent(s)/Guardians(s) – please check one that applies			
Married	**Separated/Divorced***	**Single/Widowed**	**Common-Law**

*If the applicant's parents are separated/divorced, please provide the information and signature (on page 3) for the parent/stepparent who has custody of the applicant. If neither parent has custody, please provide the information and signature for the parent/stepparent with whom the applicant resides.

Occupation and yearly income of parents		
	Father/Stepfather/Guardian	**Mother/Stepmother/Guardian**
Name		
Occupation		
Yearly gross income	$	$

List names, ages, and relationship of individuals who are dependent on you, including applicant		
Name	**Age**	**Relationship**
How many of the dependents listed above will be attending a post-secondary institution on a full-time basis during the upcoming academic year?		

SECTION C: DECLARATION & CONSENT BY APPLICANT AND PARENT(S)/GUARDIAN(S)

Please review the following statements and sign below signifying you agree.

- I declare that to the best of my knowledge, the information provided is correct.
- I consent to the release of the information in this application, including high school transcripts on file, to the Harrison McCain Foundation for the sole purpose of determining the recipients of the scholarships/bursaries.

DATE	SIGNATURE OF APPLICANT
DATE	SIGNATURE OF MOTHER/STEPMOTHER/GUARDIAN
DATE	SIGNATURE OF FATHER/STEPFATHER/GUARDIAN