



J. DEAN MCALLISTER MEMORIAL BURSARY

SPONSORED BY

SCHIZOPHRENIA SOCIETY OF NB INC.— MIRAMICHI CHAPTER

APPLICATION FORM

Deadline May 25th, 2017

Name: _____ Mailing Address: _____

Date of Birth: (MM/DD/YYYY) _____

Email Address: _____

Telephone Number: _____

Name of University, Community College: _____

List the social science course(s) pertaining to Mental Health ex.: cognitive sciences, criminology, psychology, social work, or sociology _____

(*Priority will be given to students enrolled in a social science program)

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."