

Tom Leon Student Bursary – Application Form

Applicant's Full Name:

First

Middle

Last

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Date of Birth: _____
Year/Month/Day

Email address: _____

Secondary School Attending: _____

Secondary School Graduation Date: _____

Registered Post Secondary Institution: _____

Program of Studies (2009/2010): _____

Permission is granted to the Selection Committee to obtain a confidential recommendation from the principals of the schools named above.

Permission is granted to the Selection Committee to publish the name and photo of recipient and to place information on website.

Signature of Applicant

Date:

Signature of School Principal

Date:

Personal Cover Letter:

In addition to this completed form, please include a letter outlining the following:

- ❖ contributions to the school and/or community that reflect Catholic values
- ❖ contribution to extra curricular activities
- ❖ volunteer work within the school and/or community
- ❖ financial need and/or other personal challenges or obstacles

Overall Application Requirements Include:

- ❖ Application Form
- ❖ Personal Cover Letter
- ❖ evidence of acceptance into a post-secondary institution
- ❖ **Two** letters of recommendation from the following: school principal or designate, employer, departmental head, chaplain, support staff, teacher

Only completed applications will be considered for this bursary. In order to be considered for this award, a completed application package must be forwarded by **May 17, 2010** to: Executive Director, The Angel Foundation for Learning, 80 Sheppard Avenue East, Toronto, Ontario, M2N 6E8