

## Senator Patrick Burns Legacy Scholarship Application

**Deadline for Submitting Applications: Monday, March 3<sup>rd</sup>, 2025**

The Senator Patrick Burns Legacy Scholarship is awarded to high school students living in low-income circumstances, who seek assistance with post-secondary training or education expenses.

To apply, applicants must submit a completed application, including a counsellor referral form.

### To Apply You Must Be:

- A current high school student residing in Calgary
- Under 21 years of age
- Graduating by June and planning to attend post-secondary in the fall (September)
- Able to demonstrate financial need
- Entering an accredited post-secondary institution (e.g. university, college, trade school, etc.)

**This scholarship is for programs running in the 2025-2026 academic year.**

### Supporting Documents Needed:

- Completed application form
- Letter outlining post-secondary education plans
- Grade 10 – 12 transcripts
- High school counsellor's completed referral form
- Financial Documents
  - If living with parent(s)/guardian(s): Include a copy of your parent(s)/guardian(s) (both if applicable) most recent income tax "Notice of Assessment"
  - If living independently: please supply documents showing your monthly income (e.g. bank statement, paystubs etc.)

**Deadline for submitting Applications: Monday, March 3<sup>rd</sup>, 2025**

(ONLY SUCCESSFUL CANDIDATES WILL BE CONTACTED)

Please submit your completed application form and all other required documents to

[Larasha.farrington@burnsfund.com](mailto:Larasha.farrington@burnsfund.com)

Application must be signed – electronically or manually (printed and scanned)		
STUDENT'S PERSONAL INFORMATION		
STUDENT'S FULL NAME:		DATE OF BIRTH (MM/DD/YYYY)
PREFERRED NAME:		PRONOUNS: (she/her, he/him, they/them etc.)
MAILING ADDRESS (MUST BE A RESIDENT OF CALGARY):		
CITY, PROVINCE:	POSTAL CODE:	PHONE NUMBER:
EMAIL ADDRESS:		SOCIAL INSURANCE NUMBER:
SELECT IF YOU ARE LIVING INDEPENDENTLY OR WITH YOUR PARENTS/GUARDIANS: <input type="checkbox"/> INDEPENDENTLY <input type="checkbox"/> PARENTS/GUARDIANS		NUMBER OF INDIVIDUALS <u>OVER</u> 18 IN THE HOME:
		NUMBER OF INDIVIDUALS <u>UNDER</u> 18 IN THE HOME:
CURRENT EDUCATION INFORMATION		
HIGH SCHOOL CURRENTLY ATTENDING:		CURRENT GRADE LEVEL:
EXPECTED GRADUATION DATE:		
POST-SECONDARY INFORMATION		
NAME OF INSTITUTION WHERE YOU HAVE APPLIED:		
EXPECTED START DATE:		PROGRAM AND FACULTY:
ADDRESS OF INSTITUTION:		
CITY, PROVINCE/STATE:	POSTAL CODE/ZIP CODE	COUNTRY
HAVE YOU BEEN ACCEPTED? (If so, please provide a copy of the acceptance letter with this application.) <input type="checkbox"/> YES <input type="checkbox"/> NO		IF NOT, PLEASE DESCRIBE WHY:

Application form continued on next page.

## Senator Patrick Burns Legacy Scholarship Application

<p>HAVE YOU APPLIED FOR, OR RECEIVED, ANY OTHER SCHOLARSHIPS OR BURSARIES FOR THE UPCOMING ACADEMIC YEAR? IF YES, PLEASE PROVIDE DETAILS:</p>	
<p>HAVE YOU PREVIOUSLY RECEIVED SUPPORT FROM BURNS MEMORIAL FUND?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>IF YES, IN WHAT YEARS?</p>
<p><b>ADDITIONAL REQUIRED DOCUMENTS:</b></p>	

**1. Write a letter outlining:**

- A. Your post-secondary education plans, including:
  - i. Your proposed area of study and career plans;
  - ii. Length of program; and
  - iii. How you plan to fund your education.
- B. Your recent extracurricular activities, volunteer involvement, or employment.
- C. Your financial circumstances which require you to apply for a scholarship.

**Note: This letter is an important part of the application. Please use it to tell us your story and explain why you are a strong candidate for this scholarship. (We recommend a one-page letter)**

**2. Ask your counsellor for a copy of your grade 10 - 12 transcripts (completed and pending).**

**3. Financial Documents:**

- A. If living with parents/guardians: Please include a copy of your parent's (both if applicable) most recent income tax "Notice of Assessment."
- B. If living independently: Please supply documents showing your monthly income (paystubs, etc.)

**Note: Applications missing financial documents will NOT be considered.**

**4. Ensure that your high school counsellor completes a "Counsellor Referral Form" on your behalf.**

**5. Reminder: students must be residents of Calgary at the time of application to be eligible for this scholarship.**

All the information I have provided in this application and any supporting documents are true to the best of my knowledge. By signing below, I give my expressed consent to be contacted via email by the Burns Memorial Fund. If you do not wish to give your expressed consent for email correspondence, please let us know at [unsubscribe@burnsfund.com](mailto:unsubscribe@burnsfund.com). Burns Memorial Fund follows legislated guidelines for privacy.

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SIGNATURE OF STUDENT

DATE (MM/DD/YYYY)

Please submit your completed application form and all other supporting documents to [Larasha.farrington@burnsfund.com](mailto:Larasha.farrington@burnsfund.com).

If you have any further questions or concerns about this application process or the scholarship, please contact Burns Memorial Fund at:

T: (587)-392-8256 | F: (403) 233-0513 | Email: [Larasha.farrington@burnsfund.com](mailto:Larasha.farrington@burnsfund.com) | [www.burnsfund.com](http://www.burnsfund.com)

## Senator Patrick Burns Legacy Scholarship Application Counsellor Referral Form

The Senator Patrick Burns Legacy Scholarship is awarded to high school students living in low-income circumstances, who seek assistance with post-secondary training or education expenses.

To apply, applicants must submit a completed application, including a counsellor referral form.

<b>To Apply Applicants Must Be:</b>
<ul style="list-style-type: none"> <li><input type="checkbox"/> A high school student residing in Calgary</li> <li><input type="checkbox"/> Under 21 years of age</li> <li><input type="checkbox"/> Graduating in June and planning to attend post-secondary in the fall (September)</li> <li><input type="checkbox"/> Able to demonstrate financial need</li> <li><input type="checkbox"/> Entering an accredited post-secondary institution (e.g. university, college, trade school, etc.)</li> </ul>

This referral form is to be completed by the applicant's counsellor. Please submit a copy of this form by **Monday, March 3<sup>rd</sup>, 2025** to [Larasha.farrington@burnsfund.com](mailto:Larasha.farrington@burnsfund.com)

If you have any further questions or concerns about this application process or the scholarship, please contact Burns Memorial Fund at:

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<b>Application must be signed electronically or manually.</b>	
STUDENT'S FULL NAME:	
EXPECTED GRADUATION DATE:	SCHOOL NAME:
FULL NAME OF COUNSELLOR:	
EMAIL ADDRESS:	PHONE NUMBER:

**Referral form continued on next page.**

## Senator Patrick Burns Legacy Scholarship Application Counsellor Referral Form

WHY ARE YOU RECOMMENDING THE STUDENT FOR THE SENATOR PATRICK BURNS LEGACY SCHOLARSHIP?

All the information I have provided in this referral form is true to the best of my knowledge. By signing below, I give my expressed consent to be contacted via email by the Burns Memorial Fund. If you do not wish to give your expressed consent for email correspondence, please let us know at [unsubscribe@burnsfund.com](mailto:unsubscribe@burnsfund.com). Burns Memorial Fund follows legislated guidelines for privacy.

**SIGNATURE**

**DATE(MM/DD/YYYY):**