



John Shirra Memorial Scholarship

DEADLINE: JUNE 1 (to Haskayne School of Business)

VALUE: Two (2) awards valued at \$1,500 each, applied directly to tuition.

CONDITIONS: Enrolled in 3rd or 4th year of the Bachelor of Commerce program at the University of Calgary.

Demonstrates commitment to community development and leadership.

Financial need may be considered.

APPLY TO: Undergraduate Programs,
Haskayne School of Business, Room 351, Scurfield Hall
University of Calgary
2500 University Drive NW
Calgary AB T2N 1N4



**John Shirra Memorial Scholarship
Application Form - Deadline June 1 (Haskayne School of Business)**

Personal Information (Print)

Ms. Mr. Surname: _____ Given Name: _____

Mailing Address: _____

City: _____ Postal Code: _____

Phone Number: _____ Email Address: _____

Permanent Home Address: Same as above or:

City: _____ Postal Code: _____

Birthdate: (mm/dd/yy): _____ S.I.N: _____

Citizenship: Canadian Citizen Permanent Resident

Academic Record

Attach your most recent transcript (official or copy of).

Student ID #: _____

Faculty: _____ Degree: _____

Major: _____ Minor: _____

Year Entering: 1st 2nd 3rd 4th 5th Other

Length of program: _____

In which session(s) do you plan to be registered full-time?: Fall Winter

If you will not be registered full-time for both fall and winter, explain:



Post-secondary record:

	Program	Institution	Average Final Grade
1 st Year	_____	_____	_____
2 nd Year	_____	_____	_____
3 rd Year	_____	_____	_____
4 th Year	_____	_____	_____
5 th Year	_____	_____	_____

Community Involvement and Other Information

Number and type your responses to the following on a separate page and attach to this application form:

1. Document your work experience, and explain how and why you chose to work at these jobs.
2. What are your career aspirations, and what fields in the business sector are of interest to you? What are your plans for when you complete your undergraduate degree?
3. In which sports do you participate, or have you participated in the past, and at what level (recreational/competitive)? Have you ever used your knowledge to assist or coach others in one of your chosen fields?
4. In course work and other aspects of your life, do you take a leadership role? Explain.
5. Have you ever travelled, or do you plan to do so in the future?
6. Have you ever participated, or are you currently participating, in any extracurricular activities related to your schooling?
7. Would you describe yourself as an entrepreneur? Explain.
8. What are your personal interests and goals outside of the academic environment?

Supply written character references from two people (not relatives). Note that we may consult your references.



Financial Information

Number of weeks you will be employed this summer: _____

Net earnings: _____ Estimated savings from summer employment: _____

Note that you are expected to contribute to your own education through summer or part-time employment. If you are unable to work full-time for the summer, give reasons why:

Where will you live during the four months prior to this September? With parents Other

Did you apply for a student loan last year? Yes No

Did you apply for a student loan for the current year? Yes No

What is your total outstanding student loan? _____



Complete the following budget for the academic year (Fall and/or Winter terms only). If married, or common-law, the budget should be for the whole family.

EXPENSES		RESOURCES	
Tuition and Fees	\$ _____	Savings as of start of academic year (exclude investments)	\$ _____
Books and supplies	\$ _____	Your expected part-time earnings during the academic year	\$ _____
Where do you plan to live while attending University? Parent's home <input type="checkbox"/> Other <input type="checkbox"/>		Investments Specify: _____	\$ _____
Estimated Living Costs: (including rent, food, transportation, utilities, clothing and personal expenses) \$ _____/month x 8 months =	\$ _____	Contribution from parents Does this include a Registered Education Savings Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Exceptional Expenses Specify: _____ _____	\$ _____	Scholarships/Bursaries (only those confirmed for the upcoming year)	\$ _____
		Other Income Specify: _____ _____	\$ _____
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____
TOTAL EXPENSES \$ _____ minus TOTAL RESOURCES \$ _____ =SHORTFALL\$ _____			



PRIVACY AND CONSENT

The Calgary Foundation respects your privacy. For detailed information regarding the Foundation’s privacy policy, call 403-802-7707.

The information that I provided for this application is true, accurate and complete.

I am aware that providing incomplete or false information will be considered fraud and will affect my ability to access future funding.

I authorize The Calgary Foundation to access student information maintained by my high school and the post-secondary institution that I will and/or am attending for the purpose of determining and verifying eligibility for, and the general administration of the award(s) for which I have applied. I am aware that the granting of these awards is subject to conditions listed in my acceptance letter.

I authorize the Selection Committee to contact my references if needed.

I authorize The Calgary Foundation to distribute this application to the Selection Committee for review.

Applicant’s Signature: _____ Date: _____

CONSENT FOR PUBLIC RECOGNITION OF STUDENT AWARD RECIPIENT

Signing this consent form permits The Calgary Foundation to publicly recognize the achievement of the student as a recipient of the award.

If selected for an award, consent is given to The Calgary Foundation to publish the student’s name, school location with award(s) received, future post-secondary plans and excerpts from answers to the essay question contained in the application form. This and celebrating recognition may take place at public award ceremonies or be displayed publicly in one or more ways including but not limited to newspaper, school newsletter, and yearbook for the purpose of recognizing student accomplishment(s). It is understood that not signing this consent will not prejudice the consideration of student award applications.

Applicant’s Signature: _____ Date: _____

It is your responsibility to ensure that all relevant information has been included or attached. Incomplete applications may not be considered.