





13. Formal Education (original college/university and graduate school transcript(s) must accompany this application)

High School: \_\_\_\_\_  
 Name Location Year/Graduated

College/  
 University: \_\_\_\_\_  
 Name Location Year/Graduated

Other: \_\_\_\_\_  
 Name Location Year/Graduated

14. Academic Record:

Approximate post secondary grade point average \_\_\_\_\_ out of possible \_\_\_\_\_ points.

Approximate post secondary grade point average in major field of study \_\_\_\_\_.

Approximate post secondary grade point average in minor field of study \_\_\_\_\_.

Approximate graduate level grade point average \_\_\_\_\_.

15. Scholastic honours earned (elaborate – use separate sheet if necessary):

\_\_\_\_\_

16. Extracurricular and personal activities: Please list your principal extracurricular and community activities and hobbies. Include specific events and/or accomplishments such as non-academic honours won, sports, etc. Please feel free to elaborate on an additional sheet of paper.

Activity	Year of Participation		No. of Hours spent per week	Position Held or Honours Held
	1st	2nd		

17. Work Experience: (Please list any jobs, including summer employment, you have held).

Resume Attached (alternative to below)

Specific Nature of Work	Employer	Date of Employment	Hours Per Week



18. References: Three recommendation forms (particularly from academic sources) are required. Please list the names of those individuals, academics and/or employers, you have asked to complete and send recommendation forms directly to the Foundation:

(1) \_\_\_\_\_  
Name Telephone Number and/or email

(2) \_\_\_\_\_  
Name Telephone Number and/or email

(3) \_\_\_\_\_  
Name Telephone Number and/or email

19. Essay: On a separate sheet of paper, describe in 500 words your chosen career path and goals.

20. Date: \_\_\_\_\_ Signature of Student: \_\_\_\_\_

21. In the event that you are awarded a scholarship, to whom at the college should the cheque be sent?

Name: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Telephone Number: \_\_\_\_\_

22. I certify that \_\_\_\_\_ is scheduled to be a full-time student  
Student's Name

during the current academic year at \_\_\_\_\_  
College/University

Name of Dean/Department Head (Please Print): \_\_\_\_\_

\_\_\_\_\_  
Signature of Dean/Department Head

\_\_\_\_\_  
Date

All correspondence should be addressed to:  
William H. McGannon Foundation for Advanced Risk Management  
c/o Joseph Restoule  
President  
6093 Signal Ridge Hts. S.W.  
CALGARY, Alberta  
T3H 2P1  
Canada

Application packages received after November 30th will not be considered.  
Only completed applications will be considered.



**William H. McGannon Foundation  
Fondation William H. McGannon**

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***Recommendation Form***

This form should be mailed directly to:  
Joseph Restoule, President,  
6093 Signal Ridge Hts. S.W., CALGARY, Alberta T3H 2P1 Canada

**Please Print or Type**

Nominee's Name \_\_\_\_\_  
Last First Middle

Institution \_\_\_\_\_

I hereby waive the right to review the recommendation form after its completion.

Date \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

Please evaluate this student (compared to all students you have taught) by checking the appropriate box below:

Scholarship  
 Good (Upper 25%)                       Excellent (Upper 15%)                       Superior (Upper 5%)

Application (initiative, enthusiasm for work, degree of application)  
 Good (Upper 25%)                       Excellent (Upper 15%)                       Superior (Upper 5%)

Leadership (ability to inspire, win cooperation, act wisely in dealings with others, etc.)  
 Good (Upper 25%)                       Excellent (Upper 15%)                       Superior (Upper 5%)

Please give your general appraisal of the candidate. In addition to your estimate of his/her intellectual capacity, evaluate his/her leadership potential insofar as possible. Please continue your appraisal on a separate sheet of paper.

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Name \_\_\_\_\_ Title \_\_\_\_\_

School and Department \_\_\_\_\_

Address \_\_\_\_\_  
Street City Province Postal Code

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address: \_\_\_\_\_

Date \_\_\_\_\_ Evaluator's Signature \_\_\_\_\_

THIS FORM MAY BE DUPLICATED – Please note that three (3) recommendation forms are required to constitute a complete application scholarship.