

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

Scholarship Application Form

1. Name _____
Last First Middle
2. Present address: _____
Street City Prov. Postal Code Telephone
3. Permanent address: _____
4. Email address: _____
5. Age (Optional): _____ Canadian Citizen: Yes No Marital Status (Optional) _____
6. Indicate your present class standing: 1st 2nd 3rd 4th Master's Candidate
 Pre-dissertation Ph.D. Candidate None
7. Major field of study: _____
8. Minor field of study: _____
9. Name of school now attending: _____
10. If you are currently a third year student, where will you attend in your fourth year?

11. a. If you are currently a fourth year student or are employed, to which graduate school(s) have you applied?

- b. Have you been accepted for the next academic year? _____
- c. If so, where and in what field of study?

12. a. When do you expect to receive your undergraduate degree? _____
Month Year
- b. When do you expect to receive your graduate degree: _____
Month Year
- c. When do you expect to begin your thesis/dissertation? _____
Month Year



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					Number of Hours Spent Per Week	Position Held or Honours Held
	1st	2nd	3rd	4th	GR		

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 university 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

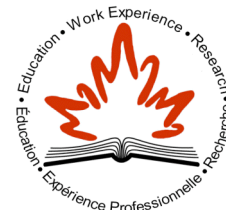
Name of Dean/Department Head (Please Print): _____

Signature of Dean/Department Head

Date

All correspondence should be addressed to:
William H. McGannon Foundation for Advanced Risk Management
c/o Joseph Restoule
Leader, Risk Management
NOVA Chemicals Corporation
1000 Seventh Avenue S.W.
P.O. Box 2518, Station M
CALGARY, Alberta T2P 5C6
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**

Recommendation Form

This form should be mailed directly to:
Joseph Restoule, Leader Risk Management, NOVA Chemicals Corporation,
1000 Seventh Avenue S.W., P.O. Box 2518, Station M, CALGARY, Alberta T2P 5C6 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.

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.