



# North Wellington Co-op Memorial Bursary

*In memory of Gerald Raby, former General Manager of North Wellington Co-op.*

North Wellington Co-operative Services Inc. in partnership with Partners Indemnity Insurance Brokers Ltd. offer four bursaries of \$500.00 each annually to applicants who fall under the following criteria:

- Applicant's parent(s) must be member(s) of North Wellington Co-operative Services Inc.
- Lives in North Wellington Co-operative Services Inc.'s trading area.
- Graduating from secondary school and attending post-secondary education in the application year OR be attending post-secondary education in the application year and have graduated from secondary school in the previous year.
- Have high academic achievement in secondary school have shown involvement in extra-curricular and community activities.

North Wellington Co-op's Board of Directors will make the selection from complete applications received by the deadline and the bursary will be presented at the student's secondary school commencement exercises when possible.

Applicants for this bursary must complete the application in detail and forward it postmarked no later than August 1 to:

North Wellington Co-operative Services Inc.  
ATTN: Memorial Bursary Committee  
56 Margaret St S  
PO Box 700  
Harriston ON N0G 1Z0

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# Application

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

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

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

Town: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Describe your plans for post secondary education:

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Give a brief outline of the profession or trade you plan to enter:

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Briefly list your involvement and achievements in your community & extra-curricular activities (i.e. sports, 4-H, charities, agricultural societies, service clubs, etc.)

List your work experience:

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Other comments you may wish to make about yourself as a worthy candidate:  
(attached a separate page if required)

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Recommendation of a teacher selected by the applicant:  
(attached a separate page if required)

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_

Members of the North Wellington Co-op Board of Directors have my permission to seek further information (if necessary) from my secondary school regarding this application.

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

Please include with this application:

- a complete transcript of all marks for all courses taken in high school, and
- a copy of your letter of acceptance from the post secondary institution you will be attending.