

The Graeme McDonald Memorial Scholarship Application



Applications may be sent via email to info@mytm.ca

Scholarship application, transcripts and letters of recommendation must be scanned, legible and attached with your application

1. Name:

_____ Last _____ First _____ MI

Permanent mailing address:

_____ Number and street

_____ City

_____ Province

_____ Postal Code

_____ E-mail Address

Phone:

_____ Home

_____ Cell

_____ Work

Birth Date:

_____ Month

_____ Day

_____ Year

2. What year did/will you receive a high school diploma?

_____ Highschool Name

_____ City

_____ Province

3. High School Students Only

_____ High School
GPA/Average

4. College GPA through January 2021: Undergraduate
GPA/Average

_____ Graduate
GPA/Average

College or University Attended:

_____ Name of College or University

_____ Dates Attended

_____ Degree Earned

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5. Applicant must register at a college, university, vocation or trade school located in Canada.

School choice
For 2021-20

_____ School Name

_____ City _____ Province

Major Field of Study _____

6. Are you currently working 20 hours or more per week? Yes/No [Y/N] _____

Do you plan on working 20 hours or more per week during the 2021-2022 school year? Yes/No [Y/N] _____

7. Letters of Recommendation: Please provide one letter of recommendation.

8. Please provide proof of diagnosis of one of the following: Transverse Myelitis, ADEM, NMO or Optic Neuritis.

CERTIFICATION. ALL APPLICANTS: I certify that all information I have provided on this form is true and complete to the best of my knowledge. I agree to give proof of the information on this application if requested. I give permission to selection committees to review information on this form, my transcripts, and any additional supporting documentation submitted as part of this application. I give permission for selection committees to contact high school and/or college officials for additional academic information. **If chosen for scholarship award, I agree to provide proof of enrollment to the committee at each semester/quarter break in order for the committee to determine future eligibility.** I further agree if chosen to submit a written paragraph to be published on the impact the scholarship award will have in my academic pursuits.

Applicant's Name _____

Signature _____

Date _____

**Please note that money will be given directly to the Institution of learning and not to the applicant.

Checklist of documents to be included with the application:

_____ Proof of TM or other Neuroimmunological diagnosis.

_____ Transcript from last year of schooling.

_____ A Letter of recommendation must be submitted from teacher, counsellor etc.

_____ A letter stating why the candidate is requesting the funds (500 words on why or how this scholarship will impact your educational goals)