

**THE REV. H.H.K. MAHOOD BURSARY FOUNDATION**  
*CONFIDENTIAL APPLICATION*

*new  
renewal*

**NAME OF APPLICANT:** \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_ *Sex:* M F  
*Mailing Address:* \_\_\_\_\_ *SIN Number:* \_\_\_\_\_  
\_\_\_\_\_ *Phone:* \_\_\_\_\_  
*Home Address:* \_\_\_\_\_ *Phone:* \_\_\_\_\_  
\_\_\_\_\_ *Home Church:* \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

*Secondary School* \_\_\_\_\_  
*Grade Level Completed* \_\_\_\_\_ *Year* \_\_\_\_\_ *Academic Average* \_\_\_\_\_

*Post-Secondary Education: please indicate dates attended, levels completed, academic average; as applicable*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Relevant courses, seminars and workshops may be included*

*TRANSCRIPT OF MARKS* relating to most recent educational experiences is requested (if applicable)

**WORK EXPERIENCE** *(Summarize briefly)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COMMUNITY INVOLVEMENT**

*Please give a brief summary of your contribution to the community, school, family, church:-*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continue on back if necessary*

**EDUCATIONAL GOALS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Post-secondary course applied for:* \_\_\_\_\_

*Institution:* \_\_\_\_\_

*How will you finance your education?*    *Family Support*    *Student loans*    *Summer and/or part-time work*

**GOALS FOR CHRISTIAN SERVICE**

*Long-term career goals:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*A complete application for this bursary will include:*

*completed application form    covering letter    2 letters of reference    transcript of marks    confirmation of enrolment*

*Mail to: The Rev. H.H.K. Mahood Bursary Foundation, c/o All Nations Church, 885 Prete St., Sudbury, Ont. P3E 3X9*

**THE REV. H.H.K. MAHOOD BURSARY FOUNDATION**  
*CONFIDENTIAL APPLICATION*

***REQUEST FOR PERSONAL REFERENCE***

*TO:* \_\_\_\_\_ *Name*      *RE:* \_\_\_\_\_ *Applicant*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *Address*      \_\_\_\_\_ *Mailing Address*  
\_\_\_\_\_ *City/Province*      \_\_\_\_\_  
\_\_\_\_\_ *Postal Code*      \_\_\_\_\_ *Home Address*  
\_\_\_\_\_

*The above named has applied to the Rev. H.H. Kitchener Mahood Bursary Foundation for financial assistance in meeting the costs of their education.*

*This bursary was established in memory of Pastor Mahood and is designed to assist students who are:*  
*-entering into the ordained ministry, missions, or full-time Christian Service - or*  
*-studying to be better equipped for service in a local church - or*  
*-attending a Bible College, Seminary or Christian University with a view to serving God.*

*The information you provide in this form will assist in the consideration of this application.*

*How long have you known this applicant, and in what capacity?-*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Do you believe the applicant will be successful at a post-secondary level?*

\_\_\_\_\_  
\_\_\_\_\_

*What qualities other than scholarship, does the applicant possess that would make them a logical candidate for this bursary?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Are there economic or unique factors that make the applicant especially worthy of receiving bursary support?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Additional Comments*

\_\_\_\_\_  
\_\_\_\_\_

*Considering the applicant's qualifications, rate him/her as:*

*highly recommended      recommended      recommended with reservation      not recommended*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *Signature*  
\_\_\_\_\_ *Date*  
\_\_\_\_\_ *Phone*

***RELEASE OF INFORMATION:***

*As the applicant for this bursary assistance, I give my permission to the above-named person to provide the information requested to the committee administering the Rev. H.H. Kitchener Mahood Bursary Foundation.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ *Signature*  
\_\_\_\_\_ *Date*  
\_\_\_\_\_ *Phone*



*"Let the wise listen and  
add to their learning,  
and let the discerning  
get guidance"*

Mark 1:17

# Rev. H.H.K. Mahood Bursary Foundation

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## **BURSARY COMMITTEE**

Mrs. Jean Mahood

Mrs. Sheila Murdock BA

Mr. Robert McNeil BA, MEd

Mrs. Nora Lea Arcand

Mrs. Carolyn Jackson, B.Sc.N, R.N.

Mr. Ashley Thomson BEd, MA, MLS

## **INQUIRIES**

**Rev. H.H.K. Mahood  
Bursary Foundation**

c/o All Nations Church

885 Prete Street

Sudbury On Canada

P3E 3X9

TEL (705) 673-6110

FAX (705) 673-2912

[info@allnationschurch.ca](mailto:info@allnationschurch.ca)

[www.allnationschurch.ca](http://www.allnationschurch.ca)

**THE REV. H.H.K. MAHOOD BURSARY FOUNDATION  
CONFIDENTIAL APPLICATION**

***REQUEST FOR PERSONAL REFERENCE***

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_____	<i>City/Province</i>	_____	
_____	<i>Postal Code</i>	_____	<i>Home Address</i>

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*Signature*

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