**Rosemary McCain McMillin Scholarship Guidelines and Application**

 **OVERVIEW**

The Rosemary McCain McMillin Scholarship is awarded to young people who are or who were in the care of the Province of New Brunswick and who are looking to pursue studies at the graduate level. The scholarship covers up to $5,000 of the cost of post-secondary tuition and fees. Anyone who is from care in New Brunswick can apply, including students who have applied for or obtained the scholarship in previous years.

The Rosemary McCain McMillin Scholarship fund was founded by the remarkable woman who has lent it in her name. Her generosity has helped us grow our programs and reach more youth in need over the past decade.

*“I give because of a feeling deep inside me, it’s part of my history and part of my family. Dad and mother always helped others and I remember that very well. I grew up in the depression where there were six children at home. I remember my father coming home at the end of the week with a roll of lifesavers for the six of us to share – it was a great treat and we were all so thankful. I had the most wonderful childhood and I wish all children could have the same thing. Education is so important and I want to give children the opportunity to succeed.”*

*- Rosemary McCain*

 The Rosemary McCain McMillin Scholarship is administered by Partners Foundation Inc. The successful applicant will be chosen by an independent review committee.

**PROGRAM ELIGIBILITY**

* Be a Canadian citizen or landed immigrant
* Be successfully enrolled in graduate-level educational program (e.g. Masters of Ph.D program)
* Be a current or former youth in care from the Province of New Brunswick
* This includes anyone who is, or was in temporary or permanent care, or was assigned a social worker as part of an official care agreement
* Have successfully provided all required application documentation before the deadline of *June 1st, 2023.*

*Please review these eligibility criteria carefully and ensure you have completed all required documentation before submitting your application. The application form and essay must be sent in one package. Essays received separately may render your application inadmissible. The letters of reference must be sent separately and directly from your chosen references.*

**APPLICANT INFORMATION**

*Please ensure that you have completed all of the field indicated below.
Incomplete fields may be considered inadmissible.*

Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Given Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth (yyyy/mm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Preferred Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number (with area code): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City/ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address as of September 1st (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Community: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Citizenship: Canadian Landed Immigrant 

Name of social worker (if available): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Have you been involved in NBYICN projects/ events? Yes  No 
Region where you were in care the longest (Community): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Undergraduate Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Issuing Post-Secondary Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Graduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Issuing Post-Secondary Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any dependents? Yes  No 

Do you plan on working while going to school? Yes  No 

Will you be receiving financial assistance from other sources? Yes  No 

If yes, please indicate the sources and amounts you will be receiving:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PERSONAL ESSAY**

On separate pages, please write an essay describing both your time in care and your aspirations moving forward. This is your chance to convince the review committee that you are the one who should be receiving the scholarship. This information will be very important for us when choosing a successful application. This essay should be typewritten and must not exceed 2 pages.

 **REFERENCES**

All applicants must arrange for us to receive **two** letters of reference. At least one letter should be from a professional source who can speak on your academic, employment or volunteer experience and should be written on the official letterhead of the institution/ organization. The second letter may be from any source you choose. These letters must be sent directly from your references. Do not include them as part of the application package. Please remind your references to clearly identity you in their letters.  **SUBMISSION DETAILS**

All part of your application must be sent by mail (***not by fax***) to:

Partners for Youth Inc.
487 Brunswick Street
Fredericton, NB E3B 5L6Please note that any documentation or references received after the deadline may disqualify your application.

*The deadline for submissions is: June 1st, 2023*

**Please ensure that you have completed the application form in full and have included your personal essay in your submission package.**

For more information on the Rosemary McCain McMillin Scholarship, please contact the Francophone NBYICN Coordinator, Lianne Comeau via email at lcomeau@partnersforyouth.ca, by phone at 506-462-0323 ext.3. or visit the Partners for Youth website at www.partersforyouth.ca.

Please note that successful candidates will be required to submit proof of enrollment in a graduate-level program.

**ACKNOWLEDGEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, attest that all the information provided on this application form and in my personal essay is true, accurate and complete. I understand that my application may be disqualified if any of the information provided is found to be untrue.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed (yyyy/mm/dd): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_