# *Samuel W. Stedman Foundation*

*70 Market Street, Box 751,*
*Brantford, Ontario, N3T 5R7*

Samuel W. Stedman
(1881 - 1965)

January, 2018

Attention: Guidance Counsellors

The Stedman Foundation bursaries are granted to students of merit from Brantford and Brant County who wish to further their studies at post secondary institutions in the Province of Ontario. These bursaries are intended for students who might otherwise be unable to finance a post secondary education (even with the help of OSAP).

Please submit up to 10 applications by **April 30th** of this year from students who attend your school to P.O. Box 751, Brantford, Ontario N3T 5R7.

If you need further clarification, please contact Ruth Lefler 519 753-1632 or David Kirk 519 442-5013.

Your assistance is greatly appreciated.

Yours truly,

Ruth Lefler

Ruth Lefler
Chairperson

/cap
Encl.

Samuel Stedman was a Brantford businessman and a founder of the Stedman Variety Stores across Canada. His objective was to enable young people to acquire the education necessary to become a contributing member of Canadian society.

# SAMUEL W. STEDMAN FOUNDATION

# BURSARY PROGRAMME

BOX 751
BRANTFORD, ONTARIO
N3T 5R7

## Samuel W. Stedman
1881 - 1965

Samuel Stedman was a Brantford businessman who, with his brothers, founded the Stedman chain of variety stores which operated across Canada. Although he always remained active with Stedman Bros. Limited, he continued to live in Brantford and managed Stedman's Bookstore Ltd.

Before his death, he established a charitable foundation, the Samuel W. Stedman Foundation. Some of the revenue from this is used to fund a bursary programme, the aim of which is to help and encourage young people to obtain the education and skills necessary to become a contributing member of Canadian society. Since the people of Brantford had supported him as a young man and given him an opportunity to succeed, he wished, in his turn, to help young people.

A limited number of bursaries will be granted to students of merit from the City of Brantford and the County of Brant who wish to further their studies in the Province of Ontario. These bursaries are open to undergraduate students at post-secondary institutions.

Final decision on awards will be made by the Directors of the Samuel W. Stedman Foundation. The total number of awards will be determined annually by the Directors of the Foundation.

Section A of this application form **MUST** be completed by the student and Section B **MUST** be completed by the inidividual from the educational institution who is making the recommendation and forwarded to the address below before April 30th.

**ONLY THOSE APPLICATIONS RECEIVED BY APRIL 30TH WILL BE CONSIDERED.**
**APPLICATIONS MUST BE COMPLETED IN FULL.**
**APPLICATIONS NOT COMPLETED IN FULL WILL NOT BE CONSIDERED.**

It is essential that a copy of your current marks by transcript from your high school, university or college must be provided by June 1st or your application will not be considered.

**Samuel W. Stedman Foundation**
P.O. Box 751
Brantford, Ontario
N3T 5R7

Successful candidates will be advised by letter not later than August 1st.

The Foundation reserves the right to reduce or cancel any Award.

Application forms for subsequent years may be obtained by writing to the above address.

**THIS PAGE SHOULD BE RETAINED BY THE STUDENT.**

Information provided will be held in strictest confidence by the Foundation, will not be shared with any other party and will be used for the sole purpose of assisting the Foundation Bursary Committee to allocate funds to applicants.

# SECTION "A"

1. Name ..... Date of Birth ..... Telephone .....
2. Home Address ..... City ..... Postal Code .....
3. Social Insurance No. ..... Marital Status .....
4. Secondary Schools Attended .....
5. Other Educational Institutions Attended .....
6. Post Secondary Institution and address in which student plans to enroll .....

   .....

   Course ..... Length of course .....

   Academic Year in which student plans to enroll: First ..... Second ..... Third ..... Fourth .....
7. Career which student wishes to pursue .....
8. Student's estimate of total expenses for the coming academic year

   Tuition ..... Books, supplies and student fees ..... Other .....

   Living expense ..... Travel expense ..... TOTAL: $ .....
9. How does the student propose to finance his/her education for the current year?

   Ontario Student Awards Programme (O.S.A.P.) ..... $ .....

   Other bursary, scholarship or loan for which student may qualify ..... $ .....

   Personal savings at date of application ..... $ .....

   Summer and/or part time employment ..... $ .....

   Assistance from parents ..... $ .....

   Assistance from spouse ..... $ .....

   Assistance from relatives, friends ..... $ .....

   Bank loan ..... $ .....

   Other ..... $ .....

   TOTAL .....
10. Have you applied for O.S.A.P.? .....
11. Are there any circumstances that would make student ineligible for O.S.A.P.? .....

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12. Are there any special circumstances that make financial assistance other than O.S.A.P. necessary? .....

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    .....
13. Personal effort made by student to earn money for educational and living expense. Please give details .....

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14. Name and address of parent (or guardian) responsible for student's support.

    .....

    ..... Postal Code .....
15. Occupation: Father ..... Mother .....
16. Employer: Father ..... Mother .....
17. Number and age of dependents in family .....
18. Taxable Income for previous year: Father ..... Mother .....
19. Total Income of student for previous year .....
20. Is student currently employed? ..... If yes, occupation and employer .....
21. Signature of Parent or Guardian .....
22. I declare that to the best of my knowledge the information given is true in all respects:

    Signature of Student .....

# SECTION "B"

TO BE COMPLETED BY A TEACHER OR GUIDANCE COUNSELLOR OF THE INSTITUTION IN WHICH THE STUDENT IS NOW ENROLLED. SUCH PERSON SHOULD HAVE SOME KNOWLEDGE OF THE STUDENT.

(This recommendation is essential if the student's application is to be considered).

FOR APPLICANTS WHO HAVE COMPLETED ONE OR MORE YEARS OF POST-SECONDARY EDUCATION:

A recommendation from your former high school guidance counsellor will **NOT** be accepted.

23. Academic Record: Marks by subject for the last two years or the two most recent years of study and term marks for current year.

    **For university and college students attach or forward a copy of your current marks by transcript by June 1st or your application will not be considered.**

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24. Do you consider this course a wise choice and do you expect the student to complete it successfully?

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25. Are there employment opportunities for graduates of this course?.....

26. Do you consider the student has a special need for financial assistance? Please give any information on which you base your comment.

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25. Do you recommend this student for a bursary? Please explain.

    .....

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    .....

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    .....

Signature:.....

Position: ..... Date .....

TO BE MAILED NOT LATER THAN APRIL 30TH TO: **Samuel W. Stedman Foundation**
P.O. Box 751
Brantford, Ontario
N3T 5R7