



## **DAVID GIBB MEMORIAL ARTS AWARD**

### **Description**

Applicants must be pursuing an opportunity to improve in the areas of the visual or performing arts.

The funds may be used to purchase arts-related materials or equipment and/or to subsidize further education in the arts.

This award is available to Quesnel-based individuals or groups.

### **Application Deadline:**

April 30, successful recipients notified in June.

### **2023 Value:**

\$1600

### **To be eligible to apply applicants must:**

- Be a resident of Quesnel and surrounding area

### **Completed and signed applications can be submitted:**

**By mail:** Quesnel Community Foundation, Box 4158, Quesnel, BC V2J 3J2

**By e-mail to:** [quesnelcommunityfoundation@gmail.com](mailto:quesnelcommunityfoundation@gmail.com)

### **Ownership:**

The applications will become the property of the Quesnel Community Foundation. Successful applicants may be interviewed by members of the selection committee and have the award presented publicly. Applications with special circumstances will be held in confidence or, upon request, be destroyed.

### **Administration:**

The DAVID GIBB MEMORIAL ARTS AWARD is administered by the Quesnel Community Foundation.



## DAVID GIBB MEMORIAL ART AWARD FORM

Please fill out every section of the application form and attach required documents. You may include additional pages for any section as needed.

For questions or clarification, contact the Quesnel Community Foundation by email [quesnelcommunityfoundation@gmail.com](mailto:quesnelcommunityfoundation@gmail.com)

APPLICANT IDENTIFICATION		
<b>Name</b>	<i>Surname (Family Name) First Name</i>	
<b>Address</b>	<i>Street Address or P.O. Box</i>	
	<i>City/Town</i>	<i>Province Postal Code</i>
<b>Phone</b>		
<b>Alternate Phone</b>		
<b>Email Address</b>		
EDUCATION-COMPLETED or IN PROGRESS		
<b>Secondary Education</b>	High School Attending or Attended:	
	Graduation Date	
<b>Post-Secondary Education</b>	School Attending or Attended:	
	Program of Study	
	Dates:	
POST SECONDARY SCHOOL or ARTS PROGRAM YOU PLAN TO ATTEND		
<b>Name of Institution</b>		
<b>Institution Address</b>		
<b>Program of Study</b>		
<b>Intended Start Date</b>		
<b>Duration of Program</b>		
<b>Attendance?</b>	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	



REQUIREMENT CHECKLIST
<input type="checkbox"/> Apply in writing to the Quesnel Community Foundation, including cover letter and appropriate supporting documentation.
<input type="checkbox"/> List significant involvement in the visual or performing arts

DECLARATION	
<input type="checkbox"/> I confirm that the information contained in this application and the accompanying documents is true, accurate and complete. I have fully disclosed all financial information to the best of my ability. I understand the information contained in this application will be shared solely with the members of the Quesnel Community Foundation Bursary Selection Committee	
<i>Your Name (print)</i>	<i>Signature</i>
	<i>Date</i>
<b>Parent/Guardian's Signature (if you are under 18 years of age)</b>	
<i>Parent/Guardian Name (print)</i>	<i>Signature</i>
	<i>Date</i>