

MARILYN HEYWOOD MEMORIAL SCHOLARSHIP

Marilyn Heywood was tragically killed in a car crash after being hit by a drunk driver in 1984. Marilyn surrounded herself with friends and she had amazing energy and determination. She was involved in several community activities and was indispensable to the people around her.

Her friends and colleagues decided to create a scholarship fund in celebration of her life and contribution to the education community of Quesnel.

Application Deadline:

April 30, successful recipients notified in June.

2024 Value: \$400

To be eligible to apply applicants must:

- Be in Grade 12, plan or be attending post-secondary school or be returning to postsecondary as a mature student
- Be registered or planning to register in an accredited school in the arts and/or community services sector
- Be a resident of Quesnel and surrounding area

The Foundation reserves the right to not make an Award in the event of receiving no qualified applications.

Criteria:

- Superior scholastic performance through high school career
- Significant involvement in performing arts and/or community activities

Completed and signed applications can be submitted:

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

By e-mail to: <u>quesnelcommunityfoundation@gmail.com</u>

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 MARILYN HEYWOOD MEMORIAL SCHOLARSHIP is administered by the Quesnel Community Foundation.



MARILYN HEYWOOD MEMORIAL SCHOLARSHIP APPLICATION 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 to quesnelcommunityfoundation@gmail.com

APPLICANT INDENTIFICATION					
Name	Surname (Family Name)		First Name		
Address					
	Street Address or PO Box				
	City/Town	Province	I	Postal Code	
	If not currently a resident, w	when did you live in Quesnel?	From:	To:	
Telephone					
Email Address					
EDUCATION-COMPLETED or IN PROGRESS					
Secondary Education	High School Attending or Attended				
	Graduation Date				
Post-Secondary Education	School Attending or Attended				
	Program of Study				
	Start Date				
POST SECONDARY SCHOOL YOU PLAN TO ATTEND					
Name of Institution					
Institution Address					
Program of Study					



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Intended Start Date		
How many years is the Program?		
Attendance?	Full Time	Part Time
REQUIREMENT CHECKI	IST	
	erence or recommendation sent with the application	t directly to Quesnel Community Foundation or in a
Transcripts from p	past and current schools	
Letter telling about	ut yourself, involvement in the p	performing arts and / or community
Note: a personal inte	rview may be requested	
If you are the recipie	nt, a copy of acceptance letter o	r proof of enrolment from school is required
DECLARATION		
accurate and comp I understand the in	lete. I have fully disclosed all finan	ation and the accompanying documents is true, icial information to the best of my ability. ication will be shared solely with the members of the ommittee.
Your Name		Signature
		Date
Parent/Guardian's Sig	nature (if you are under 18 years o	of age)
Parent/Guardian Name		Signature
		Date