



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 a number of 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.

Value:

Minimum of \$300

To be eligible to apply applicants must:

- Be in your Grade 12 year, plan or be attending post-secondary school or be returning to post-secondary 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: gcf@shaw.ca

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 by email through gcf@shaw.ca

APPLICANT IDENTIFICATION		
Name	<i>Surname (Family Name) First Name</i>	
Address	<i>Street Address or PO Box</i>	
	<i>City/Town</i>	<i>Province Postal Code</i>
	<i>If not currently a resident, when did you live in Quesnel?</i>	<i>From: To:</i>
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		
Intended Start Date		
How many years is the Program?		
Attendance?	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	



REQUIREMENT CHECKLIST
<input type="checkbox"/> Two letters of reference or recommendation sent directly to Quesnel Community Foundation or in a sealed envelope with the application
<input type="checkbox"/> Transcripts from past and current schools
<input type="checkbox"/> Letter telling about yourself, involvement in the performing arts and / or community
<p>Note: a personal interview may be requested</p> <p>If you are the recipient, a copy of acceptance letter or proof of enrolment from school is required</p>

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</i>	<i>Signature</i>
	<i>Date</i>
Parent/Guardian's Signature (if you are under 18 years of age)	
<i>Parent/Guardian Name</i>	<i>Signature</i>
	<i>Date</i>