



BRENDA CAMPBELL MEMORIAL BURSARY

DESCRIPTION

Brenda Lee Livingstone was born August 24, 1966 at C.F.B. Cold Lake, Alberta. She was the fourth daughter of Wes and Jeannette Livingstone. She lived in Alberta and Germany in her early years, moving to Wells, B.C. and eventually to Quesnel.

Brenda's personal educational journey attests to her belief in the importance of education. Following her graduation from Quesnel Secondary School Brenda trained as a Long-Term Care Aide. Years later, she obtained a Diploma in Nursing at the College of New Caledonia and then went on to complete a Bachelor of Nursing degree through the University of Northern Alberta.

Her nursing career focused primarily on the care of the elderly; working at Dunrovin Park Lodge for 25 years. Brenda was trusted and well respected by other health care providers as well as residents, patients and their families. Brenda was described as "Someone who brought humor, empathy and wisdom to any situation". She was a supportive mentor but also set high standards both for her and for others.

Although her love and passion for her work was unprecedented, nursing was just one aspect of Brenda's life. Anyone that knew Brenda socially would tell you that she had a huge presence; her effervescent love of life was palpable and her laugh contagious. She lived, and encouraged others to live, a healthy, generous lifestyle. As a walker and runner, she participated in numerous events to fundraise for various charities such as the 60km Walk to End Breast Cancer.

In addition to being an extraordinary nurse and a committed community builder, Brenda was first and foremost a devoted wife and mother. Family, immediate or extended, by blood or by life experience, was supreme.

In her short 48 years on this earth, Brenda Lee Campbell left an indelible mark and countless treasured memories in the hearts of almost everyone that she met. The outpouring of love and support from over 500 individuals at her memorial service was a testament to that.

RECIPIENT CRITERIA: The successful recipient of the bursary will:

- Be a resident of the Quesnel and surrounding area
- Be in Grade 12, plan or be attending post-secondary school or be returning to postsecondary as a mature student
- Be a full or part-time student, and demonstrate financial need
- Be accepted into a nursing or caregiving program OR enrolled in a continuing education program related to geriatrics care
- Be a caring, collegial, collaborative team player when approaching problem-solving, coupled with a sensitivity to the opinions and needs of others
- Exhibit the behaviors commensurate with the diligent attention and hard work needed to achieve personal and group goals
- Exhibit a commitment to his/her community, preferably related to involvement with seniors support/care
- Exemplify the ability to incorporate a dose of healthy humour into his/her daily life



BRENDA CAMPBELL MEMORIAL BURSARY – Additional information

2025 Value: \$1900

Application Instructions:

- Complete the necessary application form, financial information and necessary attachments. The Foundation reserves the right to not make an Award in the event of receiving no qualified applications.

Application Deadline:

April 30, the recipient will be notified in June.

Completed and signed applications can be submitted:

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

By e-mail to: quesnelcommunityfoundation@gmail.com

Ownership:

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

Administration:

The Brenda Campbell Memorial Bursary is administered by the Quesnel Community Foundation.



BRENDA CAMPBELL MEMORIAL BURSARY 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 quesnelcommunityfoundation@gmail.com

APPLICANT IDENTIFICATION	
Name	Surname (Family Name) First Name
Address	Street Address or PO Box
	City/Town Province Postal Code
	If not now a Quesnel resident, when did you live in Quesnel? From: To:
Primary 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



- Two letters of reference or recommendation sent directly to Quesnel Community Foundation or in a sealed envelope with the application
- Budget for upcoming school year (template attached)
- Transcripts from past and current schools
- Personal Resume
- Cover letter telling about yourself, educational/career goals and why you are interested in a health care career, include pertinent schooling, community involvement and personal characteristics that will be convincing evidence of your suitability as the deserving recipient

Note: a personal interview may be requested

If you are the recipient, a copy of acceptance letter or proof of enrolment from school is required

DECLARATION

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>

FINANCIAL INFORMATION – For BURSARY APPLICANTS List income and expenses for the school year.

This Budget covers my study period beginning ___/___/____ (dd/mm/yyyy) and ending ___/___/____(dd/mm/yyyy)

EXPENSES



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Tuition and fees	
Books and supplies	
Other academic expenses (e.g. software, equipment)	
Housing (rent, residence fees, room & board, mortgage)	
Utilities	
Food or meal plan	
Clothing	
Transportation costs	
Other	
TOTAL EXPENSES	
INCOME	
Savings – enter amount you will have at the start of the academic year	
Employment earnings during academic year (estimated)	
Student loans	
Awards - Scholarships and bursaries you will receive for your study period	
Parental/spousal/sponsor contributions, including RESPs (see below ¹)	
Income assistance – welfare, disability assistance you will receive during your school year	
Spousal contribution (if married or common-law - if none, explain in your letter)	
Other Income – Worksafe BC, child care subsidy etc.	
TOTAL INCOME	
TOTAL SHORTFALL (Expenses minus Income)	
ASSETS	
Motor Vehicles – resale value	
Other – recreational vehicles, property (do not include principal residence), etc	

¹

You must include your parents/guardian contribution in the budget if you are financially dependent on your parents as per Student Aid BC guidelines. Parent/guardian contribution is NOT needed if one of the following questions is answered “YES”:

- | | | | | |
|---|-----|----|--------------------------|--------------------------|
| Are you married? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependent children? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been out of high school 48 months? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been Employed for 24 consecutive months? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |