



QUESNEL WOMEN'S FALL CHALLENGE AWARD

DESCRIPTION

Back in the early 1990's, along the autumn-misty shores of Dragon Lake, a group of ladies walked and talked. A women's event idea grew and for 25 years, ladies from eight to ninety-two walked or ran then dined and donated. At the peak, more than 700 participants made their way to the Dragon Lake boat launch early on the first Sunday of October. Each year, thanks to the incredible sponsors and hard work of the fundraising crew, the collected money aimed to benefit the GR Baker Hospital Mammography Unit and the Birthing Unit. With the goal of a digital mammography machine realized in 2015, our focus now turns to the creation of a legacy fund. We, of The Quesnel Women's Fall Challenge, seek to support the potential held by Quesnel students and continue our "in-city" focus with yearly awards.

RECIPIENT CRITERIA: The successful recipient of the award will:

- Be able to demonstrate financial need
- Be in Grade 12, plan or be enrolled in post-secondary education or, be a mature student that has been a resident of Quesnel for at least two years
- Be enrolled in at least a 2-year diploma or degree program at an accredited university or college
- Be pursuing a career in the health/medical field including but not restricted to nursing, physician, naturopathy, massage, laboratory, radiology and dental.

QUESNEL WOMEN'S FALL CHALLENGE AWARD - Additional information

2025 Value: \$3000

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 email to: quesnelcommunityfoundation@gmail.com

Ownership:

The applications will become the property of the Quesnel Community Foundation.

Administration:

The Quesnel Women's Fall Challenge Award is administered by 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.



QUESNEL WOMEN'S FALL CHALLENGE AWARD 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

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



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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"/> Budget for upcoming school year (template attached)	
<input type="checkbox"/> Transcripts from past and current schools	
<input type="checkbox"/> Personal Resume	
<input type="checkbox"/> 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	
<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>



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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	
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	



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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"/> |