

CAROLYN BAXTER MEMORIAL AWARD

Carolyn's career with the Calgary Board of Education spanned three decades, through which she taught in a number of high schools. She was employed as a teacher of psychology at Henry Wise Wood High School from 1991-2002. She will always be remembered for her flamboyant persona, her zest for giving, and for her unconditional support and acceptance of everyone she knew. Carolyn championed the forgotten students – those who were outside mainstream. For them, Carolyn's classroom was the one place where they were viewed not as being different from their peers, but as individuals who had yet to find themselves and so fulfill their potential. This award is intended to recognize those students who, in the words of Robert Frost, have chosen, "the road less traveled by," and to encourage them to pursue their passion through post-secondary study.

DONOR: Sheila Baxter

WHERE TENABLE: Henry Wise Wood High School

FIELD OF STUDY: Unrestricted

VALUE: \$500

NUMBER: One

ELIGIBILITY: Open to students registered in grade 12 who are completing the requirements of a high school diploma. Applicants must have completed Psychology 20 or Psychology 30, and have marks sufficient for entrance to a post-secondary area of study.

Applicants should be alternative thinkers who struggle with adversity and embrace life. Preference will be given to students pursuing post-secondary study.

APPLY: Applicants should complete the **School Specific Application form**. Complete application packages should be submitted to the Scholarship Coordinator at the Applicant's high school.

SELECTION & PAYMENT: School-specific. Recipients will be notified by September. Payment will be made to the student.

DEADLINE: Normally **May 30** to the Scholarship Coordinator at the Applicant's high school. Applicants should check with their Guidance office for application deadlines in their school.

CAROLYN



BAXTER

MEMORIAL AWARD

APPLICATION FORM

PLEASE PRINT

SECTION I

SCHOOL

NAME OF APPLICANT

Surname

Given Names

ADDRESS

POSTAL CODE

PHONE (HOME)

PHONE (BUS / CELL)

SIN

BIRTHDATE

CBE ID#

AB ED ID#

SECTION II

Average grade calculation according to the eligibility criteria for this application

Calculated by

to be completed by a high school official

SECTION III

Checklist of items to include with this application:

- Application form completed and signed

SECTION IV – SIGNATURE/ENDORSEMENT

HIGH SCHOOL `COUNSELLOR (OFFICIAL) ENDORSEMENT		
<i>To the best of my knowledge and belief, I hereby verify that the academic information and summary of school activities as submitted in this application are correct, and the applicant meets the eligibility requirements as outlined in the award Terms of Reference.</i>		
Printed Name	Signature	
Title	Email	
Name of Institution	Telephone	Date
STUDENT APPLICANT & PARENT/GUARDIAN DECLARATION		
<p><i>This information is collected under the authority of the Freedom of Information and Protection of Privacy Act, the Taxation Act (Canada) and the Statistics Act (Canada) to determine your eligibility for scholarships and awards. Please direct any questions about the use of this information to the Scholarship & Board Administrator, EducationMatters, 515 Macleod Trail S.E, Calgary, Alberta, Canada T2G 2L9. Telephone: (403) 294-8151. ** We reserve the right to publish student essays in full or in part. If you do not want your essay to be published, please check here <input type="checkbox"/>. Recognition may take place at public award ceremonies or be displayed publicly in one or more ways including but not limited to newspaper, school newsletter, yearbook, and website, for the purpose of recognizing student accomplishment(s). If you do not wish your name published, please check here <input type="checkbox"/>.</i></p>		
By signing this application, I declare:		
<ol style="list-style-type: none"> 1. That I have answered all questions applicable to me and that all information is true and complete. That I will notify EducationMatters if I withdraw from full-time student status, receive other external awards or otherwise change my student status 2. That EducationMatters may request additional information pertaining specifically to my academic performance and enrolment status for the purpose of determining my eligibility for scholarships/awards 3. That in applying for an award, pertinent information may be released to the donor of the award, provincial funding bodies, faculty offices, appropriate EducationMatters and Calgary Board of Education / Calgary Catholic School District administrative offices 4. That if I receive a scholarship/award the amount may be disclosed to the CBE or CSSD Financial Services Office 5. That I understand the information provided on this application may be used for research and statistical analysis 6. That if any information is inaccurate, I understand that any awards may be reassessed and/or withdrawn 7. That if I receive an award, I will acknowledge the private donor(s) of the award with a personal letter of thanks 		
<i>Name of Applicant (Printed):</i>	<i>CBE ID Number:</i>	
<i>Signature</i>	<i>Date</i>	
<i>I acknowledge and agree that the disclosure of the information provided for this application, including my personal financial information, is required for the assessment of my child's/dependant's eligibility for this award, and I hereby grant such consent as may be required by applicable privacy laws to the disclosure of my personal information for the purposes of assessing my child's/dependant's eligibility.</i>		
<i>Name of Parent(s)/Guardian(s) - (Printed):</i>		
<i>Signature</i>	<i>Date</i>	

SUBMIT YOUR COMPLETED APPLICATION DIRECTLY TO YOUR SCHOOL PRINCIPAL