

DR. GORDON HIGGINS STUDENT AWARD

Established in 1978 at his namesake school, Dr. Gordon Keith Higgins remains a passionate advocate for public education. A seventh generation Canadian, he was born at St. Andrews by the Sea, New Brunswick, on March 23, 1922. Dr. Higgins served as an elected trustee on the Calgary Board of Education from 1963-1970 and promoted the library program in the school system. He was a member of the senate of the University of Calgary from 1972-1975. He returned to St. Andrews in 1978. His desire is that all students learn and value the importance of investing in their own futures, financially and through life-long learning.

- DONOR:** Dr. Gordon K. Higgins
- WHERE TENABLE:** Dr. Gordon Higgins Junior High School
- FIELD OF STUDY:** Unrestricted
- VALUE:** \$100
- NUMBER:** Six awards, for the top boy and girl in grades 7, 8 and 9
- ELIGIBILITY:** The “top” male and female students registered in grade 7, 8 and 9 of Dr. Gordon Higgins Junior High School.
- APPLY:** Applicants should complete the **Dr. Gordon Higgins Student Award 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.



**DR. GORDON HIGGINS AWARD
APPLICATION FORM**

PLEASE PRINT. To ensure eligibility, all sections must be completed.

SECTION I

SCHOOL	Dr. Gordon Higgins Junior High School	
APPLICANT	_____	
	Surname	Given Names
ADDRESS	_____	POSTAL CODE _____
PHONE (HOME)	_____	PHONE (BUS / CELL) _____
SIN (optional)	_____	BIRTHDATE _____
CBE ID#	_____	AB ED ID# _____
GRADE	_____	GENDER _____
EMAIL	_____	

SECTION III – SIGNATURE/ENDORSEMENT

JUNIOR HIGH SCHOOL COUNSELLOR (OFFICIAL) ENDORSEMENT		
<p><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></p>		
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>		
<p>By signing this application, I declare:</p> <ol style="list-style-type: none"> 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 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 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 That if I receive a scholarship/award the amount may be disclosed to the CBE or CSSD Financial Services Office That I understand the information provided on this application may be used for research and statistical analysis That if any information is inaccurate, I understand that any awards may be reassessed and/or withdrawn That if I receive an award, I will acknowledge the private donor(s) of the award with a personal letter of thanks 		
Name of Applicant (Printed):	CBE ID Number:	
<i>Signature</i>	<i>Date</i>	
<p><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></p>		
Name of Parent(s)/Guardian(s) - (Printed):		
<i>Signature</i>	<i>Date</i>	

SUBMIT YOUR COMPLETED APPLICATION DIRECTLY TO YOUR SCHOOL PRINCIPAL