

HUGH ROBERTSON SCIENCE PRIZE

Hugh Thomas Robertson was born on September 13, 1901, in Morrisburg, Ontario. In 1911 his family moved to Calgary. He graduated from Central Collegiate Institute in 1921 and after a year of Normal School, taught in a variety of rural locations in Alberta. He left teaching to pursue academics at the University of Saskatchewan, completing his BSc in 1928 and an MSc in 1929. After working for a year at the Dominion Plant Pathology Laboratory in Edmonton, he returned to teaching in Calgary. He served in the RCAF during World War II, after which he resumed teaching with the Calgary Board of Education until his retirement in 1962. He taught the final three years of his career at William Aberhart. Hugh Robertson spent his retirement in Osoyoos, B.C., where he died July 31, 1983. During his professional career he was active in the ATA (particularly during its formative days); published three scientific papers (all concerned with various aspects of the development of rust resistant wheat); and was involved in such provincial educational activities as Curriculum and Departmental Examination Committees.

DONOR:	The estate of Hugh Robertson
WHERE TENABLE:	William Aberhart High School
FIELD OF STUDY:	Biology, Chemistry and Physics
VALUE:	\$300
NUMBER:	One
ELIGIBILITY:	Open to students registered in grade 12 who are completing the requirements of a high school diploma. Applicants must have demonstrated academic excellence in their grade 12 year, and must have completed Biology 30, Chemistry 30 and Physics 30.
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.

SCHOOL SPECIFIC APPLICATION FOR AWARDS

SECTION I – PERSONAL & EDUCATIONAL INFORMATION

INFORMATION PROFILE					
Last Name		First Name		Middle Name	
Previous Last Name:					
Current Home Address:			Permanent Mailing Address (<i>if different from current address</i>)		
City	Province	Postal Code	Canadian Social Insurance Number		
Residence Telephone:	Cell Phone:		Alberta Learning ID #	CBE ID #	
Date of Birth (Y/M/D)		<input type="checkbox"/> Male <input type="checkbox"/> Female		E-Mail Address	
Citizenship status:	<input type="checkbox"/> a Canadian Citizen <input type="checkbox"/> a Permanent Resident <input type="checkbox"/> attending on a Study Permit		Date of Arrival in Canada:	Country of Citizenship	
EDUCATIONAL INFORMATION					
Current High School or Program:			Number of high school credits by end of this year: _____		
HIGH SCHOOLS ATTENDED:					
	School Name	City/Province		Date completed	
Grade 10					
Grade 11					
Grade 12					
Grade 12 Returning					
LIST OTHER AWARDS APPLIED FOR, RECEIVED, OR WILL BE RECEIVING AND THEIR VALUE:					
AWARD NAME			VALUE		RECIPIENT
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
List all Honors, Advanced Placement, International Baccalaureate, and any other enrichment courses taken during high school:					
What post-secondary institution do you plan to attend:					
What type of degree / certificate / apprenticeship will you earn upon graduation?					Program / Major:

SECTION II – SIGNATURE / ENDORSEMENTS

HIGH SCHOOL COUNSELOR (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 Officer, 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"> 1. That I have answered all questions applicable to me and that all information is true and complete 2. That I will notify EducationMatters if I withdraw from full-time status, receive other external awards or otherwise change my student status 3. 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 4. 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 5. That if I receive a scholarship/award the amount may be disclosed to the CBE or CCSD Financial Services Office 6. That I understand the information provided on this application may be used for research and statistical analysis 7. That if any information is inaccurate, I understand that any awards may be reassessed and/or withdrawn 8. 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:
Signature		Date
<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):		
Signature		Date

SUBMIT YOUR COMPLETED APPLICATION DIRECTLY TO YOUR SCHOOL PRINCIPAL