

JAMES FOWLER SCHOOL AWARD

Established in 2009 by an estate gift, this prize is offered to students of James Fowler School to the most improved student to graduate in each year.

- DONOR:** Estate of Robert E. Burns
- WHERE** James Fowler School
- TENABLE:**
- FIELD OF STUDY:** Unrestricted
- VALUE:** \$400
- NUMBER:** One
- ELIGIBILITY:** Open to students registered in grade 12 at James Fowler School who are completing the requirements of a high school diploma. The prize will be awarded to the most improved student to graduate in the current year. "Improvement" is not limited to academics.
- APPLY:** A school-based selection committee will qualify candidates for this award, who will then be asked to complete the **EducationMatters School Specific Application For Awards**. Complete application packages should be submitted to the Scholarship Coordinator at James Fowler School.
- SELECTION & PAYMENT:** School-specific. Recipients will be notified by September. Payment will be made to James Fowler School for payment 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.

**JAMES FOWLER SCHOOL AWARD
SCHOOL-SPECIFIC APPLICATION FORM**

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

SECTION I – STUDENT INFORMATION

SCHOOL	James Fowler 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 II – SIGNATURE/ENDORSEMENT

SCHOOL COUNSELLOR / PRINCIPAL(OFFICIAL) ENDORSEMENT		
<i>To the best of my knowledge and belief, I hereby verify that the academic information 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

SECTION III – REFERENCE

TEACHER REFERENCE FORM

Student Name _____

Reference Name (PRINT) _____

Reference Phone (Days) _____

Teacher of Class: _____

Please indicate in two or three sentences your observations regarding the above named in terms of showing **the most improvement**.

Date _____

Signature _____

SECTION IV – DECLARATION - FOIP

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 	
<p><i>Name of Applicant (Printed):</i></p>	<p><i>CBE ID Number:</i></p>
<p><i>Signature</i></p>	<p><i>Date</i></p>
<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>	
<p><i>Name of Parent(s)/Guardian(s) - (Printed):</i></p>	
<p><i>Signature</i></p>	<p><i>Date</i></p>

SUBMIT YOUR COMPLETED APPLICATION DIRECTLY TO YOUR SCHOOL PRINCIPAL OR GUIDANCE OFFICE (SCHOLARSHIP COORDINATOR)