

## **KEITH YU MEMORIAL SCHOLARSHIP IN COMPUTER STUDIES**

*This award was established in memory of Keith Yu, graduate of Western Canada High School. The award was established to assist students pursuing post-secondary education in a program in computer studies*

- DONOR:** Kin and Eva Yu
- WHERE TENABLE:** Western Canada High School
- FIELD OF STUDY:** Computer studies
- VALUE:** \$500
- NUMBER:** One
- ELIGIBILITY:** Open to students registered in grade 12 who are completing the requirements of a high school diploma that includes programs in computer studies. Applicants must have demonstrated academic progress and have a minimum 65% GPA in their final year of high school.
- 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. To claim the award, within two (2) years of notification of award the recipient must be registered in an eligible program of post-secondary study of at least two years duration. Payment will be made to the post-secondary institution.
- 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.

**KEITH YU MEMORIAL SCHOLARSHIP (COMPUTER)  
APPLICATION FORM**

**PLEASE PRINT**

- Before completing this form, please read the accompanying **TERMS OF REFERENCE**.
- To ensure eligibility, at least one completed copy of the **GENERAL APPLICATION FORM** must be attached to this application or group of applications.

**SECTION I**

HIGH SCHOOL OR  
PROGRAM \_\_\_\_\_

NAME OF APPLICANT

\_\_\_\_\_  
Legal Surname

\_\_\_\_\_  
Legal Given Names

CBE ID# \_\_\_\_\_

**SECTION II**

**TO BE COMPLETED BY A HIGH SCHOOL OFFICIAL**

Average grade calculation according to the eligibility criteria for this application \_\_\_\_\_

Calculated by \_\_\_\_\_

\_\_\_\_\_  
Name of High School Official (please print)

\_\_\_\_\_  
Signature

**SECTION III – SIGNATURE/ENDORSEMENT**

**HIGH SCHOOL COUNSELLOR (OFFICIAL) ENDORSEMENT**

*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.*

Printed Name	Signature	
Title	Email	
Name of Institution	Telephone	Date

**STUDENT APPLICANT & PARENT/GUARDIAN DECLARATION**

*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 . 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 .***

**By signing this application, I declare:**

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 that 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 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>Name of Parent(s)/Guardian(s) - (Printed):</i>	
<i>Signature</i>	<i>Date</i>

**SUBMIT YOUR COMPLETED APPLICATION DIRECTLY TO YOUR SCHOOL PRINCIPAL**