

M.W. & J.R. TEBO MEMORIAL JOURNALISM AWARD

Mr. Ron Tebo, a retired educator at Dr. E.P. Scarlett High School, established this fund in 2003. This award is named in memory of Mr. Tebo's father, a long-term representative of the Canadian Press, and mother, a press research expert. The award aims to encourage students pursuing, post-secondary education or employment in the field of journalism.

- DONOR:** Endowed by the estate of M.R. Tebo
- WHERE TENABLE:** Dr. E.P. Scarlett High School
- FIELD OF STUDY:** Journalism
- VALUE:** One at \$600 or two at \$300, a plaque shall be given to the recipient at the award assembly.
- NUMBER:** One or two
- ELIGIBILITY:** Open to students registered in grade 11 and 12 who are completing the requirements of a high school diploma at Dr. E.P. Scarlett High School. Applicants must have demonstrated academic progress and have a minimum 65% GPA.
- Selection will be based on best achievement in journalism. The Award has been established to encourage but not require the recipients to pursue post-secondary education or employment in the field of Journalism.
- 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.

M.W. & J.R. TEBO MEMORIAL JOURNALISM AWARD FUND APPLICATION FORM

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

SECTION I

SCHOOL OR PROGRAM: _____

NAME OF APPLICANT: _____
Legal Surname Legal Given Names

PERMANENT ADDRESS _____

POSTAL CODE: _____ **GENDER:** _____ **GRADE:** _____ **BIRTH DATE:** _____
mm/dd/yyyy

PHONE: (home) _____ **(work)** _____ **(cell)** _____

EMAIL: _____

ALBERTA EDUCATION ID # _____ **CBE ID #** _____

NAME OF FATHER/GUARDIAN: _____

NAME OF MOTHER/GUARDIAN: _____

SECTION II

NAME THE POST-SECONDARY PROGRAM YOU PLAN TO FOLLOW:

NAME THE POST-SECONDARY INSTITUTION YOU PLAN TO ATTEND:

NAME THE EMPLOYMENT FIELD YOU PLAN TO PURSUE:

HOW WILL THIS AWARD CONTRIBUTE TO YOUR FUTURE PLANS? _____

SECTION III- SIGNATURE/ENDORSEMENT

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 & 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:
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