



SHAWN WHITNEY MEMORIAL AWARD

Established in 1985 in memory of Shawn Whitney, a student at Crescent Heights High School and a former student at Dr. Gordon Higgins Junior High School who loved to play basketball.

- DONOR:** Robert Whitney
- WHERE TENABLE:** Dr. Gordon Higgins Junior High School
- FIELD OF STUDY:** Basketball camp or similar athletic/recreational activity
- VALUE:** Up to \$195
- NUMBER:** Two awards
- ELIGIBILITY:** Open to students registered in Grade 9 at Dr. Gordon Higgins Junior High School who are registered to attend basketball camp to further develop their skills and knowledge in basketball.
- The award is a cash award specifically designated to cover the registration fee, transportation costs and related incidental costs to attend the camp. The selection committee is authorized to identify an alternative athletic/recreational activity that provides a positive, wholesome growth experience for a Grade 9 student if basketball camp is not available to that student.
- APPLY:** Applicants who are able to attend summer basketball camp should complete the **School-Specific Application form** for this award. Complete applications should be submitted to the Principal at the Applicant's school.
- SELECTION & PAYMENT:** The Selection Committee will consist of the school principal and/or assistant principal, a representative of the physical education and/or coaching staff, and one to two teachers who have knowledge of the applicant(s), and one representative from EducationMatters. (The principal is responsible for appointing the teacher representatives on the Committee.)
- DISBURSEMENT** The award is issued as repayment of expenses incurred for basketball camp, including the registration fee, transportation costs and related incidental costs to attend camp. Student must submit a report of expenses to the school by September 30 of the year in which camp was attended. Expenses are submitted for reimbursement to Scholarship Officer, EducationMatters at 515 Macleod Trail SE Calgary, AB T2G 2L9.
- Alternatively, students may request payment in advance of the course. Proof of registration must be supplied and payment will be made directly to the institution providing the camp.
- DEADLINE:** Normally **May 30** to the Scholarship Coordinator at the Applicant's junior 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 Previous Last Name:		First Name		Middle 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					
JUNIOR HIGH SCHOOLS ATTENDED:					
	School Name	City/Province		Date completed	
Grade 7					
Grade 8					
Grade 9					
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
Attach any additional statements required by the Terms of Reference of the award you are applying for, such as essays or proof of proficiency in a field of study or musical instrument.					

SECTION III – SIGNATURE / ENDORSEMENTS

JUNIOR HIGH SCHOOL COUNSELOR (OFFICIAL) ENDORSEMENT		
<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>		
Printed Name	Signature	
Title	Email	
Name of Institution	Telephone	Date
STUDENT APPLICANT & PARENT/GUARDIAN DECLARATION		
<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>		
By signing this application, I declare:		
<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 		
<i>Name of Applicant (Printed):</i>	<i>CBE ID Number:</i>	
<i>Signature</i>	<i>Date</i>	
<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>		
<i>Name of Parent(s)/Guardian(s) - (Printed):</i>		
<i>Signature</i>	<i>Date</i>	

SUBMIT YOUR COMPLETED APPLICATION DIRECTLY TO YOUR SCHOOL PRINCIPAL