

STEPHEN GRIGG MEMORIAL SCHOLARSHIP

This award was established in memory of Stephen David Grigg who was a student at Western Canada High School from 1975 – 1977, until his untimely death in an automobile accident in 1977. To preserve the memory of his active interest in, and support of the school's music program, his parents have established this award to be presented annually to a graduating student in the music, who is pursuing post-secondary education in a program of further study in music.

- DONOR:** Mr. & Mrs. Peter Grigg
- WHERE TENABLE:** Western Canada High School
- FIELD OF STUDY:** Music
- VALUE:** \$1,000
- 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 progress and be enrolled in the music program in grade 12. Consideration will be given to citizenship and service to the school, particularly through the medium of music.
- 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 one (1) year 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 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 III – SIGNATURE / ENDORSEMENTS

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 		
Name of Applicant (Printed):	CBE ID Number:	
Signature	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):		
Signature	Date	

SUBMIT YOUR COMPLETED APPLICATION DIRECTLY TO YOUR SCHOOL PRINCIPAL