

STEVEN IRVING MEMORIAL MUSIC SCHOLARSHIP

The Steven Irving Memorial Music Scholarship is dedicated to the memory of Steven Irving, a gifted musician who attended Bowness Senior High School between 1993 and 1996. His love for and appreciation of all types of music was demonstrated by his involvement in the Bowness Concert and Jazz Bands, where he played saxophone and keyboard.

Steven also played drums in a rock band outside of the school program. For many years he studied piano with his grandmother, receiving his Grade Ten from the Royal Conservatory of Music (Toronto) in 1995. In 1997 Steven began a Fine Arts program at the University of Calgary, majoring in piano. In addition to enjoying school, extracurricular activities, sports and church, Steven especially loved camping with his family and spending time with his dog, Cindy. He was a kind person who cared deeply about all living things. His talent and sensitivity were expressed in his music and his poetry, and it would be his fondest wish to help others pursue further education in music, his greatest love.

DONOR: Ellen Mayo, Loree Irving, and friends and family of Steven Irving

WHERE TENABLE: Bowness High School

FIELD OF STUDY: Music programs

VALUE: \$500

NUMBER: Two

ELIGIBILITY: Open to students registered in grade 10 or 11 in the Music program (band or choral) at Bowness High School who are completing the requirements of a high school diploma. Applicants must have demonstrated academic progress.

Applicants are required to submit a brief essay describing (1) how his or her musical contributions, either in school or in the community, has added value to the school or community, (2) what has personally been learned from this involvement (3) how receiving this award would make a difference in his or her life. This essay should also identify any financial barriers the student has to pursuing further music education (through camp or lessons). The essay must be no more than 500 words in length (one page, typed or printed). Students must be pursuing further musical education through either camp opportunities or private instruction.

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.

**STEVEN IRVING MEMORIAL MUSIC SCHOLARSHIP
APPLICATION FORM**

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

SECTION I

SCHOOL _____

NAME OF APPLICANT _____

Surname

Given Names

ADDRESS _____

POSTAL CODE _____

PHONE (HOME) _____

PHONE (BUS / CELL) _____

SIN _____

BIRTHDATE _____

CBE ID# _____

AB ED ID# _____

SECTION II

1. Please list below in point form, school and community **musical** activities in which you have participated, during high school, including time commitment, number of months involved and any special recognition. Please include the name and phone number of persons who can be contacted to verify this information.

Grade 10

**Hrs./ Months of
commitment/ involvement**

Additional Info.

Grade 11

**Hrs./ Months of
commitment/ involvement**

Additional Info.

SECTION II (cont'd)

Names and telephone numbers of those who can be contacted to verify the information above:

Name	Telephone Number	Activity Verification
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Applicants are required to submit a brief statement describing how their musical contributions, either in school or the community has added value to the activities and what has been learned from this involvement.

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"> 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 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 		
Name of Applicant (Printed):		CBE ID Number:
<i>Signature</i>		<i>Date</i>
<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):		
<i>Signature</i>		<i>Date</i>

SUBMIT YOUR COMPLETED APPLICATION DIRECTLY TO YOUR SCHOOL PRINCIPAL