

## **SUSY DEVLIN MEMORIAL AWARD**

*This award was established in 2007 by Susanne Devlin, a staff member with the Calgary Board of Education who had a deep love of education and music. It is intended to provide students in the band program at Sir Winston Churchill with the ability to pursue their love of music.*

- DONOR:** Estate of Susanne Devlin
- WHERE TENABLE:** Sir Winston Churchill High School
- FIELD OF STUDY:** School Band Program
- VALUE:** \$85
- NUMBER:** Varies
- ELIGIBILITY:** Open to students in grade 10 or 11 registered at Sir Winston Churchill High School who are completing the requirements of a high school diploma. Applicants must be participating in the school band program and require the rental of a musical instrument.
- Preference will be given to those students who play instruments that pose a significant difficulty in transporting between school and home. This includes, but is not limited to, students playing the following instruments: tuba, string bass, euphonium, baritone saxophone, and some percussion instruments.
- 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 upon proof of enrollment at Sir Winston Churchill High School the fall of the same year in which award was granted.
- 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**

<b>INFORMATION PROFILE</b>				
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 / CCSD 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	
<b>EDUCATIONAL INFORMATION</b>				
Current High School or Program:			Number of high school credits by end of this year: _____	
HIGH SCHOOLS ATTENDED:				
	School Name	City/Province	Date completed	
<b>Grade 10</b>				
<b>Grade 11</b>				
<b>Grade 12</b>				
<b>Grade 12 Returning</b>				
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**

<b>HIGH SCHOOL COUNSELOR (OFFICIAL) ENDORSEMENT</b>		
<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
<b>STUDENT APPLICANT &amp; PARENT/GUARDIAN DECLARATION</b>		
<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 Officer, EducationMatters, 515 Macleod Trail S.E, Calgary, Alberta, Canada T2G 2L9. Telephone: (403) 294-8151. <b>** 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"/>.</b></i></p>		
<p><b>By signing this application, I declare:</b></p> <ol style="list-style-type: none"> <li>1. That I have answered all questions applicable to me and that all information is true and complete</li> <li>2. That I will notify EducationMatters if I withdraw from full-time status, receive other external awards or otherwise change my student status</li> <li>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</li> <li>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</li> <li>5. That if I receive a scholarship/award the amount may be disclosed to the CBE or CCSD Financial Services Office</li> <li>6. That I understand the information provided on this application may be used for research and statistical analysis</li> <li>7. That if any information is inaccurate, I understand that any awards may be reassessed and/or withdrawn</li> <li>8. That if I receive an award, I will acknowledge the private donor(s) of the award with a personal letter of thanks</li> </ol>		
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**