

# Valerie Whalley Education Foundation Fund

## APPLICATION FORM

This Application form and any material submitted will not be returned. If including additional information send copies only unless otherwise specified.

(PLEASE PRINT CLEARLY)

### 1. GENERAL INFORMATION

First Name:	Middle Initials:	Last Name:
Country of Birth:		
If born outside Canada, specify date of Citizenship		
Gender: (circle one)	Male	Female
Age:	Date of Birth: (MM/DD/YY)	/ /
Home Address		
City/Town		
Province		
Postal Code		
Phone #:		
Email:		
Address while attending post secondary Institution:		
<input type="checkbox"/> check if same as above		
Address		
City	Prov.	
Postal Code	Phone	

### 2. EDUCATION INFORMATION

Name of Institute Attending:	
Address:	
City:	Prov.:
Postal Code:	
Phone #: ( )	
Student ID #:	
Course of Study currently enrolled in:	
Current Year of Study: ___ Year you began: _____	
Expected year of Completion:	
Estimated Cost for:	
Tuition: \$	Books: \$
Accommodations: \$	
Enrolled in: (check one)	
<input type="checkbox"/> 2 <sup>nd</sup> or subsequent year of studies in Undergraduate Degree	
<input type="checkbox"/> Graduate Studies degree at a Canadian University	
<input type="checkbox"/> 2 <sup>nd</sup> or subsequent year in diploma/certificate at Technical/Trade	

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**3. REFERENCES**

References should not be a family member or related to the applicant and should be able to provide an in depth character reference. At least two of your references should be from Sections 7, 8 or 9 below.

Name	
Address	
City/Prov.	
Phone #	
Email	
Relationship to contact:	
Years Known:	

Name	
Address	
City/Prov.	
Phone #	
Email	
Relationship to contact:	
Years Known:	

Name	
Address	
City/Prov.	
Phone #	
Email	
Relationship to contact:	
Years Known:	

Name	
Address	
City/Prov.	
Phone #	
Email	
Relationship to contact:	
Years Known:	

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#### 4. DECEASED PERSON'S INFORMATION

Name of Deceased:
Relationship to Applicant:
Date of Death (MM/DD/YY):
Date of Crash (MM/DD/YY):
Location of Crash: (City/Town or Highway & Closest Vicinity)

#### 5. IMPAIRED DRIVER INFORMATION

Name of Impaired Driver:
Location of 1 <sup>st</sup> court appearance/Coroner's Inquest:

#### 6. FUNDING

\* Indicate funds you may/will receive this upcoming year

\*\* Not including this scholarship

Scholarships ** (list all and amounts)	
	\$
	\$
	\$
	\$
	\$
	\$
Bursaries (list all and amounts)	
	\$
	\$
	\$
	\$
Student Loans	\$
Auto Insurance Claim	\$
WCB or EI	\$
Government Programs	\$
First Nations Funding	\$
Family or other	\$

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**7. EMPLOYMENT**

From	To	Employer	Address
City/Town	Province	Phone	Email
Additional Comments about employment duties, position held, responsibilities, promotions, average hours/week worked			

From	To	Employer	Address
City/Town	Province	Phone	Email
Additional Comments about employment duties, position held, responsibilities, promotions, average hours/week worked			

From	To	Employer	Address
City/Town	Province	Phone	Email
Additional Comments about employment duties, position held, responsibilities, promotions, average hours/week worked			

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**8. VOLUNTEER ACTIVITIES**

From	To	Organization or Group	Position Held or Responsibilities	City/Prov.	Hrs / Month
Additional comments about volunteer duties, position held, responsibilities, promotions. If available please provide a contact email or phone number.					

From	To	Organization or Group	Position Held or Responsibilities	City/Prov.	Hrs / Month
Additional comments about volunteer duties, position held, responsibilities, promotions. If available please provide a contact email or phone number.					

From	To	Organization or Group	Position Held or Responsibilities	City/Prov.	Hrs / Month
Additional comments about volunteer duties, position held, responsibilities, promotions. If available please provide a contact email or phone number.					

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**9. EXTRA-CURRICULAR ACTIVITIES**

From	To	Organization or Group	Position Held or Responsibilities	City/Prov.	Hrs / Month
Additional comments or details about extra-curricular activities, leadership roles or innovative contributions to academics or the community. If available please provide a contact email or phone number.					

From	To	Organization or Group	Position Held or Responsibilities	City/Prov.	Hrs / Month
Additional comments or details about extra-curricular activities, leadership roles or innovative contributions to academics or the community. If available please provide a contact email or phone number.					

From	To	Organization or Group	Position Held or Responsibilities	City/Prov.	Hrs / Month
Additional comments or details about extra-curricular activities, leadership roles or innovative contributions to academics or the community. If available please provide a contact email or phone number.					

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### 10. REQUIRED DOCUMENTS

\_\_\_\_ Transcript from my educational institution.

\_\_\_\_ Copy of Death or Funeral Director's Certificate or alternately a Death Notice, Physician's or Minister's letter of verification of the death of the individual claimed in this application.

### 11. CONDITIONS

Applicants must indicate by initialing the below statements that they comply with the following conditions for applying to be considered eligible to receive funds from this scholarship:

\_\_\_\_\_ I have read the Terms and Conditions of this Education Foundation Fund (scholarship) and hereby agree to abide and adhere to the terms and conditions of this Fund in order to be considered and/or receive funds from this Education Foundation Fund.

\_\_\_\_\_ I certify that I have not been found guilty of (or similar wording):

- <sup>35</sup>/<sub>17</sub> impaired driving (alcohol or drug)
- <sup>35</sup>/<sub>17</sub> dangerous driving causing death or bodily harm
- <sup>35</sup>/<sub>17</sub> impaired driving causing death or bodily harm
- <sup>35</sup>/<sub>17</sub> any alcohol or drug related driving offense

**\* Successful Applicants will be required to provide a Criminal Records Check.**

\_\_\_\_\_ I will upon request if chosen as a recipient of this award provide the Foundation with any and all documentation or information as requested.

\_\_\_\_\_ I hereby authorize that the Foundation & Fund may release information in my application to universities or scholarships/bursaries upon their request.

\_\_\_\_\_ I authorize the Foundation to contact my educational institute, any references (personal, employer or volunteer contacts) or others as may be deemed necessary by the Foundation for the purposes of verifying information in my application and making a determination for this scholarship award.

\_\_\_\_\_ I declare that I have been a Canadian citizen for a minimum of 5 years.

\_\_\_\_\_ I have attached a copy of my Transcript from my educational institute.

\_\_\_\_\_ If chosen as a recipient of this award, I hereby authorize the Valerie Whalley Education Foundation Fund and the South Saskatchewan Community Foundation to use my name, photo, amount received from this scholarship, course of study & Educational Institution in advertising at their discretion.

\_\_\_\_\_ I have enclosed a photocopy of the Death or Funeral Director's Certificate or alternately a Death Notice, Physician's or Minister's letter of verification of the death of the individual claimed in this application.

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12. OPTIONAL

Applicants may provide a 2 page typed submission elaborating on how this award would impact their education and further support them reaching their long term goals (please double space – Arial or Times New Roman - Font size 12)

Applicants are encouraged to include photocopies of any information that they feel would assist the Selection Committee in making their decision.

13. DECLARATION

I hereby declare that I have provided the information in this application. That is it accurate and there are no false claims or statements in my application. I hereby understand that falsification of any portion of this application either written or verbal, or supporting documentation provided by me shall disqualify me from being considered either now or in the future for funds from this Education Foundation Fund.

Dated this the \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signed: \_\_\_\_\_ \*

**Mail or fax to:**

Valerie Whalley Education Foundation Fund  
c/o South Saskatchewan Community Foundation Inc.  
3934 Gordon Road  
Regina, SK.  
S4S 6Y3

Phone: 306-751-4756  
Fax: 306-751-4768  
Email: [sscf3@sasktel.net](mailto:sscf3@sasktel.net)  
Website: [www.sscf.ca](http://www.sscf.ca)