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- NAME:** Calgary Catholic Teachers, ATA Local #55
ALEXANDRA JURISIC MEMORIAL BURSARY 2019
- PURPOSE:** To give recognition to deceased teachers for their significant involvement in the Alberta Teachers' Association and/or Local #55.
- ELIGIBILITY:** **Any child whose parent is or has been a member of Local #55, and who is in or has completed his/her Grade 12 year.**
- VALUE:** \$700.00 each. Two bursaries to be awarded annually. ***PLEASE NOTE:** The Bursaries are ***not*** limited to university programs.
- USAGE:** The Bursary is given to offset costs for the recipients' attendance at any recognized ***Post-Secondary*** institution. Proof of enrollment must be presented (a tuition receipt is preferred). If the student does not register in a recognized Post-Secondary institution program by September of that current year, the Bursary will then revert to the Association for further allocation.

GENERAL SELECTION CRITERIA:

BURSARIES (2)

1. Need (Disability, Finance and Family Consideration)
Weighting of application - 30%
2. Demonstration of above average achievement.
Weighting of application - 40%
3. Involvement in extra or co-curricular activities.
Weighting of application - 15%
4. Recommendation of his/her worthiness from a teacher.
Weighting of application - 15%

PURPOSE: To assist the student to pay for tuition at Post-Secondary Education. To give recognition to deceased teachers for their significant involvement in the Alberta Teachers' Association and/or Local #55.

SELECTION COMMITTEE: ATA Local #55 Teachers' Divisional Representatives and Non-School Based Teachers' Representative. The decision of this committee is final.

DEADLINE: **MAY 6, 2019, 3:00 PM. APPLICATIONS NOT RECEIVED BY THE DEADLINE, WILL BE DISQUALIFIED. NO EXCEPTIONS WILL BE MADE. FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

ANNOUNCEMENT: **JUNE 18, 2019**

Please **print** answers to all questions.

GENERAL INFORMATION

1. STUDENT NAME: Mr./Ms. _____
Last Name Given Names
2. PERMANENT ADDRESS: _____
Number & Street City & Province

Postal Code
3. MAILING ADDRESS: _____
(If different from above)
4. PHONE NUMBER: _____ E-MAIL: _____
5. DATE OF BIRTH: _____
Day Month Year Age Now
6. FATHER'S NAME: _____
OCCUPATION: _____ Approx. Annual Salary: _____
EMPLOYER'S NAME & ADDRESS: _____

7. MOTHER'S NAME: _____
OCCUPATION: _____ Approx. Annual Salary: _____
EMPLOYER'S NAME & ADDRESS: _____

8. NAME OF SCHOOL WHERE PARENT IS CURRENTLY TEACHING or LAST TAUGHT:

9. YEARS THAT PARENT TAUGHT AT CSSD SCHOOL:

10. NUMBER OF DEPENDENT CHILDREN IN YOUR FAMILY: _____
(Including yourself)
11. NAME(S) AND ADDRESS(ES) OF HIGH SCHOOL(S) THE APPLICANT ATTENDED:

12. SENIOR HIGH ACADEMIC RECORD: **(Attach verified school computer print-out. faxed or emailed copies will not be accepted)**

13. POST SECONDARY INSTITUTION(S) YOU PLAN TO ATTEND:

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

14. INTENDED FIELD OF STUDY: _____

15. LIST OF HONORS, AWARDS OR SCHOLARSHIPS YOU HAVE RECEIVED:

16. NAME AND POSITION OF THE TEACHER WHO WILL BE FORWARDING A LETTER OF RECOMMENDATION: **(Must be original signed letter – NO emails or faxes will be accepted).**

NAME: _____

POSITION: _____

17. GIVE DETAILS OF ANY FINANCIAL ASSISTANCE FOR THE COMING YEAR FOR WHICH YOU INTEND TO APPLY (example: loans, scholarships, etc.) Use Separate sheet if needed

TYPE	SOURCE	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUPPLEMENTARY INFORMATION

18. PLEASE NOTE ANY SPECIAL PERSONAL SITUATIONS OR CIRCUMSTANCES IN SUPPORT OF THIS BURSARY APPLICATION, SUCH AS ILLNESS, DISABILITY, BEREAVEMENT, FINANCIAL HARDSHIP, ETC.

19. LIST NON-CREDIT ACTIVITIES, BOTH IN SCHOOL AND OUT, IN WHICH YOU HAVE PARTICIPATED DURING YOUR HIGH SCHOOL YEARS:

Activity	Position Held	Grade
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		
• _____		

AN EXTRA PAGE MAY BE USED TO ENTER ANY ADDITIONAL INFORMATION

DECLARATION & ACKNOWLEDGEMENT:

This application is complete and accurate to the best of my knowledge:

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____

ALEXANDRA JURISIC MEMORIAL BURSARY 2019

STATEMENT OF RECOMMENDATION

_____ has requested you to write a Statement of Recommendation in support of his/her Local #55 Alexandra Jurisic Memorial Honor Roll Bursary application. Please do so in 100 words or less and forward it directly to Calgary Catholic Teachers ATA Local #55.

**Send in your sealed letter by Pony to ATA Local 55 Attn: Varsha Prabhakaran
Or by mail or hand delivery to the address above.**

It must be received on or before **MAY 6, 2019 at 3 pm.**

(Must be original signed letter – NO emails or faxes will be accepted).