

NAME: Calgary Catholic Teachers ATA Local #55
ST. MARY'S UNIVERSITY SCHOLARSHIP 2019

ELIGIBILITY: Any student who is in or has completed his/her Grade 12 year in Calgary Catholic School District. Must be attending St. Mary's University next year.

VALUE: \$700.00. One scholarship will be awarded annually.

USAGE: The Scholarship is given to offset costs for the recipients' attendance at St. Mary's University. Proof of enrollment must be presented (a tuition receipt is preferred). If the student does not register in a recognized St. Mary's University program by September of that current year, the Scholarship will then revert to the Association for further allocation.

**GENERAL SELECTION
CRITERIA:**

SCHOLARSHIP

1. Demonstration of above average achievement. Average to be calculated on 30 level diploma examination marks plus one other 30 level course and/or prerequisite. (**Counsellors please note:** include recent mark from semester 2 for courses in which the applicant is currently registered).
Weighting of application - 70%
2. Involvement in extra or co-curricular activities.
Weighting of application - 15%
3. Recommendation of his/her worthiness from a teacher.
Weighting of application - 15%

PURPOSE: To assist the student to pay for tuition at St. Mary's University. To give recognition to deceased teachers for their significant involvement in the Alberta Teachers' Association and/or Local #55.

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

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

ANNOUNCEMENT: **June 18, 2019**

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ST. MARY'S UNIVERSITY SCHOLARSHIP 2019

Please **print** legibly answering 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: _____ STUDENT'S 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. NUMBER OF DEPENDENT CHILDREN IN YOUR FAMILY: _____
(Including yourself)

9. NAME(S) AND ADDRESS(ES) OF HIGH SCHOOL(S) THE APPLICANT ATTENDED:

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

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

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

NAME: _____

ADDRESS: _____

12. INTENDED FIELD OF STUDY: _____

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

14. LIST THE 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: _____

15. GIVE DETAILS OF ANY FINANCIAL ASSISTANCE FOR THE COMING YEAR FOR WHICH YOU INTEND TO APPLY (example: loans, scholarships, etc.)

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

SUPPLEMENTARY INFORMATION

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

17. 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: _____

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STATEMENT OF RECOMMENDATION

_____ has requested you to write a Statement of Recommendation in support of his/her Local #55 St. Mary's University Scholarship application. Please do so in 100 words or less and forward it in a sealed envelope **directly to Calgary Catholic Teachers, ATA Local #55.**

Send in your sealed letter to: ATA Local 55 Attn: Varsha Prabhakaran by mail or hand delivery to the address above or CSSD pony.
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).