

The Municipality of West Elgin Scholarship is a scholarship valued at \$1,000 and may be awarded annually to two (2) students graduating from a local secondary school.

The recipient must meet the following criteria:

- 1. They must have graduated from Grade 12 and must provide proof of registration to a Canadian designated educational institution <u>List of designated educational institutions</u> Canada.ca. Minimum 2-year full-time studies program or equivalent.
- 2. They must be pursuing full-time studies in a field will contribute to the future vitality and viability of rural communities. Fields of study may include but are not limited to: business administration, finance, environmental, recreation leadership, agriculture, firefighting technology, government services, health care, trades or engineering.
- 3. They must be able to demonstrate a history of community involvement.
- 4. Applications and accompanying documentation must be submitted via email, no later than July 31st of the current year.
- 5. The successful graduates must be a current resident of West Elgin and with residency of no less than six (6) months duration and be pursuing full-time post-secondary studies at a Canadian designated educational institution in the fall of the current year.

The recipients must claim the scholarship within the first year of post-secondary studies. They must present the municipality with proof of registration at the educational institution *before* receiving the funds. The scholarship will be awarded in two (2) installments of equal value to ensure the student continues their studies in the second semester. Upon verification of the scholarship and winners' matriculation in college or university, the scholarship grant will be paid to the college for the students' account.

Each scholarship recipient will be chosen by a team of reviewers made up of senior management in accordance with the established criteria. The review committee will discuss and consider all applications received by the deadline date. The successful candidates will be recommended to Council for approval. All decisions made by the Council are considered final.

Municipal elected officials and their immediate families are not eligible to participate in this scholarship program. Immediate family shall include spouse, children, residents of the municipal official's household, or any other person claimed as a dependent on the municipal official's tax return.

If there is no suitable candidate, the scholarship will not be awarded for that year.

Questions regarding this scholarship program can be directed to the Municipal Clerk 519-785-0560 ext. 222 or clerk@westelgin.net

If a scholarship winner fails to acknowledge and accept the award within thirty (30) days after receipt of the letter of notification, their award will be forfeited, and the scholarship will be awarded to the next highest scoring applicant.

| Section 1.1: Personal Information  |                            |                                |                     |
|--|----------------------------|--------------------------------|---------------------|
| Surname  | Given Name                 | Telephone                      | Email               |
| Permanent Mailing Address  |                            | City/Town                      |                     |
| Province   | Postal Code                | Other Telephone                |                     |
| School Address (if different from above)   |                            | City/Town                      |                     |
| Province   | Postal Code                | Telephone                      |                     |
| Section 2.1: Academic Information  |                            |                                |                     |
| High School Attended   | d                          | From year                      | to year             |
|  |                            |                                |                     |
| Please attach an official copy of your high school transcripts from grade 9 — 12 inclusive.  □ ID Transcript attached  |                            |                                |                     |
| Section 2.2: Academi   | c intentions               |                                |                     |
| Name of Educational Institution you plan on attending:   |                            |                                |                     |
| Address of Educational Institution:  |                            |                                |                     |
| Chosen Field of Study:   |                            |                                |                     |
| Applicant's statement of educational objectives and career goals:  |                            |                                |                     |
| Please attach a copy of the letter of acceptance from the Educational Institution.   |                            |                                |                     |
| Section 3.1: Involvement   Volunteerism in the Community   |                            |                                |                     |
| List the school, community, employment and other activities in which you have been involved in the last five years. Please list them <b>in order of Importance</b> to you and include activity, position held, duration and hours per week of involvement. A separate sheet may be attached.  Example: |                            |                                |                     |
| Activity Habitat for Humanity  | Position Held<br>Volunteer | Duration<br>July — August 2022 | Hours per week<br>4 |
| Section 3.2 Essay  |                            |                                |                     |
| In a one page essay, double spaced, indicate why you deserve this scholarship and how your field of study may lead to a career in the future vitality and viability of rural communities. Please attach.   |                            |                                |                     |
| Section 4.1 Applicant  | 's Declaration             |                                |                     |
| I hereby declare that the information I have provided in this application is correct and can be verified upon request. I give the Municipality of West Elgin permission to publish my name/photo in local newspapers and the Municipal Website if I am the recipient of the Scholarship Award.         |                            |                                |                     |
| Signature of Applican  | nt                         |                                | Date                |