# GLEN ARMITAGE MEMORIAL EDUCATION FUND 2024

### GLEN ARMITAGE MEMORIAL EDUCATION FUND

The Glen Armitage Memorial Education Fund was created in 2008 to support a member of a needy rural family in desiring advanced education. Founded by family members of the late Glen Armitage, the fund is designed to serve a rural Alberta family who can pursue Glen's dream of continuing education.

Value: \$1000

Number of Awards: Minimum one per year

**Duration:** Awarded annually for the duration of the foundation.

### **Eligibility Criteria**

# **Applicant must:**

- a. be a Canadian citizen and be an Alberta resident,
- b. have primary family income from the agriculture sector,
- c. be in need of **financial assistance** in pursuing post secondary education
- d. have demonstrated leadership qualities in family, community, and school involvement and/or clubs and teams.
- e. plan on pursuing further education at a recognized educational institution.

### **Other Special Considerations**

Selection for this award will further be based on a recommendation letter and a letter of introduction.

### **Selection Procedure**

The selection committee, as established by the Glen Armitage Memorial Foundation, will review the applications for eligibility. The application must include a completed application form, a reference letter, copy of current high school transcript, a letter of introduction, and a copy of preliminary letter of acceptance to program. The committee will select the winning applicant in early May.

### **Application Procedures**

Application forms are available online and from various regional high schools, and school districts. The applicant must submit the completed application form, along with a <u>letter of recommendation</u> from an authority figure, (other than an immediate family member), supporting the **eligibility criteria** as listed above (**a to e**.) Plus, the applicant must submit a letter of introduction written to the selection committee. This letter must speak about the criteria as listed above plus any other thoughts the applicant would like to share.

**Application deadline is April 1**st. All applicants will be notified by email when application is received. Email COMPLETED application to:

glenarmitagememorial@shaw.ca

## or Mail a signed hard copy of application postdated no later than April 1, 2024 to:

Glen Armitage Memorial Foundation c/o 51 Governor Dr. SW Calgary AB T3E 4Y8 We are collecting the personal information on this form under the authority of Section 33(c) of the *Freedom of Information and Protection of Privacy Act (FOIP Act)*, as being directly related to and necessary to determine your eligibility for the Glen Armitage Memorial Education Fund.

Please type or print legibly when filling in the information below.

| Personal Information   |   |
|--|---|
|  |   |
| Last Name  | First Name and Initial                            |
|  |   |
| - I 10 F CH  |   |
| Legal Guardians full names:  |   |
|  |   |
| Residency address (including postal code):                             |   |
|  |   |
|  |   |
| Mailing address (including postal code): (if different from residence) |   |
|  |   |
| Telephone Number: (including area code)                                | Alternate Telephone Number: (including area code) |
|  |   |
| ☐ Female ☐ Male  |   |
| Gender   | Date of Birth (day/month/year)                    |
|  |   |
| Email address:   |   |
| Linaii audiess.  |   |
|  |   |
| Alberta Residency  |   |
|  |   |
| Do your legal guardians currently live in Alberta                      | ? $\square$ Yes $\square$ No                      |
|  |   |
| Have you lived in Alberta all your life?                               | $\square$ Yes $\square$ No                        |
|  |   |
|  |   |
| If 'NO' since (day/month/year)   | Previous Address                                  |

| <b>Proposed Further Education Studies</b>   |   |
|---|---|
| Name of Institution:  |   |
|   |   |
| Field of Study:   |   |
| Length of Program:  | Year of Program: (1st 2nd 3rd 4 <sup>th</sup> )   |
| Academic Year Begins (day/month/year)   | Academic Year Ends (day/month/year)   |
| Preliminary Letter of Acceptance to Program is  | Attached  |
| <b>T</b> C 10   |   |
| If no, why not?   |   |
| <b>High School Information</b>  |   |
| Name of High School Presently Attending   |   |
| Address of Current High School (including city/town and postal code)                              |   |
| Community Service/Volunteer Activities  |   |
| In the space below, or on a separate sheet, pleas in your school and in your community. Only list | e list your volunteer/community service activities both those activities you were involved in during the past ach activity, e.g. one hour, one day, one month, one ion if you require more space. |
| Activity  | Amount of Time  |
|   |   |
|   |   |
|   |   |

# **Declaration of Applicant**

### I HAVE READ AND UNDERSTAND THE INSTRUCTIONS, AND DECLARE THAT:

- a. all information provided is true and complete and I understand it is subject to review,
- b. I plan to be a REGISTERED student at the institution named for the period stated,
- c. If I am the successful candidate, I will immediately notify the Glen Armitage Memorial Education Fund in writing if I withdraw from my studies before completing one semester.

### I UNDERSTAND AND AGREE THAT:

a. my personal information pertaining to my high school performance may be released and exchanged by and between the recipient's school district and the directors of the Glen Armitage Memorial Education Fund, for the purpose of determining my eligibility,

b. my personal information pertaining to my furthering education enrolment status may be released and exchanged by and between Glen Armitage Memorial Education Fund, and the educational institution for the purpose of determining my eligibility for funding.

I authorize Glen Armitage Memorial Education Fund to release my name and award amount and home town if I am the successful applicant.

| Signature of Applicant (in ink)      | Today's Date (day/month/year) (in ink) |
|--------------------------------------|--|
|                                      |  |
|                                      |  |
|                                      |  |
| Signature of Legal Guardian (in ink) | Today's Date (day/month/year) (in ink) |