



FRASER W. LOCKWOOD MEMORIAL SCHOLARSHIP

DEADLINE: JUNE 30

VALUE: One award valued at \$2500 minimum (applied directly to tuition) renewable for duration of 4 years of consecutive study as long as criteria continue to be met.

CONDITIONS: For students (Canadian citizens or Permanent residents) entering their first year of full-time studies in their first undergraduate program.

Good academic standing (minimum 65% average in 5 academic courses, 3 of which must include Math 30, Math 31, Chemistry 30, Biology 30, Physics 30 and English 30) and acceptance to university or college.

Financial need.

Preference given to those students who are members or whose parents are members of a Filipino cultural association.

Student demonstrates commitment to community development and leadership. Has contributed to the community by volunteering through community organizations, athletics, and cultural or political activities.

APPLY TO: Fraser W. Lockwood Memorial Scholarship, c/o Student Awards Administrator
The Calgary Foundation
700, 999 8th Street SW
Calgary, AB T2R 1J5
Fax: 403-802-7701
Email: studentawards@thecalgaryfoundation.org



FRASER W. LOCKWOOD MEMORIAL SCHOLARSHIP
APPLICATION FORM – DEADLINE JUNE 30

Personal Information (Please Print)

STUDENT ID #: _____ SIN: _____

NAME: Ms. Mr. Surname: _____ Given Names: _____

MAILING ADDRESS: _____

Postal Code: _____ Phone Number: _____

Email: _____

Permanent Home Address: Same as above or

Postal Code: _____ Phone Number: _____

BIRTH DATE (mm/dd/yy): _____

IMMIGRATION STATUS: Canadian Permanent Resident Student Visa

NAME AND LOCATION OF HIGH SCHOOL: _____

HIGH SCHOOL RECORD (Please attach a copy of your Grade 12 transcript.)

Grade 12 Average Final Grade _____

POST-SECONDARY YOU WILL BE ATTENDING _____

FOR THE UPCOMING YEAR SPECIFY:

Faculty: _____ Major: _____

Minor: _____ Degree: _____

IN WHICH SESSION DO YOU PLAN TO BE REGISTERED FULLTIME:

FALL WINTER



Complete this budget for the academic year (Fall and/or Winter terms only). Please explain any extenuating circumstances in the space provided or attach a covering letter.

EXPENSES		RESOURCES	
Tuition and Fees	\$ _____	Savings as of start of academic year (exclude investments)	\$ _____
	-	Your expected part-time earnings during the academic year	\$ _____
Books and supplies	\$ _____		-
	-	Investments -= Specify	\$ _____
Where do you plan to live while attending University? Parent's home <input type="checkbox"/> Other <input type="checkbox"/>		Scholarships/Bursaries (only those confirmed for the upcoming year)	-
Estimated Living Costs: (including rent, food, transportation, utilities, clothing and personal expenses)		Specify	\$ _____
\$ _____/month x 8 months =	\$ _____	_____	-
	-	Contribution from parents	\$ _____
		Does this include a Registered Education Savings Plan? Yes <input type="checkbox"/> No <input type="checkbox"/>	-
		Contribution from spouse (net earnings during academic year)	\$ _____
			-
Exceptional Expenses (Specify with amounts)		Other Income – Specify	-
_____		_____	
\$ _____		_____	
	\$ _____		\$ _____
	-		-
TOTAL EXPENSES	\$ _____	TOTAL RESOURCES	\$ _____
	-		-
TOTAL EXPENSES \$ _____ minus TOTAL RESOURCES \$ _____ =SHORTFALL\$ _____			



PRIVACY AND CONSENT

The Calgary Foundation respects your privacy. For detailed information regarding the Foundation's privacy policy, please call 403-802-7716.

The information that I provided for this application is true, accurate and complete.

I am aware that providing incomplete or false information will be considered fraud and will affect my ability to access future funding.

I authorize The Calgary Foundation to access student information maintained by my high school and the post-secondary institution that I will and/or am attending for the purpose of determining and verifying eligibility for, and the general administration of the award(s) for which I have applied. I am aware that the granting of these awards is subject to conditions listed in my acceptance letter.

I authorize the Selection Committee to contact my references if needed.

I authorize The Calgary Foundation to distribute this application to the Selection Committee for review.

Applicants Signature: _____ Date: _____

CONSENT FOR PUBLIC RECOGNITION OF STUDENT AWARD RECIPIENT

Signing this consent form permits The Calgary Foundation to publicly recognize the achievement of the student as a recipient of the award.

If selected for an award, consent is given to The Calgary Foundation to publish the student's name, school location with award(s) received, future post-secondary plans and excerpts from answers to the essay question contained in the application form. This and celebrating recognition may take place at public award ceremonies or be displayed publicly in one or more ways including but not limited to newspaper, school newsletter, and yearbook for the purpose of recognizing student accomplishment(s). It is understood that not signing this consent will not prejudice the consideration of student award applications.

Applicants Signature: _____ Date: _____

It is your responsibility to ensure that all relevant information has been included or attached. Incomplete applications may not be considered.