



# The Evelyn Henry Reconciliation Scholarship Application Form

The Evelyn Henry Reconciliation Scholarship Fund was established by P.E.O. Chapter T., Sherwood Park under the guidelines of The P.E.O. Foundation in memory of their loving sister who passed away suddenly in 2017. Evelyn was an active member of the P.E.O. Sisterhood who was Metis and very proud of her Indigenous heritage.

The Evelyn Henry Reconciliation Scholarship (EHRS) is awarded annually and is intended to provide financial assistance to a female student who is enrolled in a post-secondary institution, which includes courses in Indigenous studies and a plan to use her education to further develop reconciliation between Indigenous and non-Indigenous peoples of Canada.

## ELIGIBILITY

- Be a Canadian citizen or legal permanent resident
- Be a resident of Alberta or Saskatchewan for at least two years
- Be registered in any accredited Alberta or Saskatchewan post-secondary institution
- Be enrolled in courses and/or a program that will further develop reconciliation between Indigenous and non-Indigenous peoples of Canada
- Demonstrate financial need, based on a submitted budget projection
- Be committed to your educational goal, and reconciliation, as outlined in your application and letter of reference
- **And be sponsored by an AB-SK P.E.O. Chapter.**

The number of scholarship(s) awarded, and the amount of each scholarship may vary annually. This scholarship may only be received once.

Recipients of the EHRS will be selected by the Chapter T AB-SK Selection Committee following the established criteria. Final approval will be granted by the P.E.O. Foundation.

## INSTRUCTIONS TO THE APPLICANT

1. Complete this application form in full.
2. Obtain a letter of reference from a responsible person who has known you for at least two years. The letter should include the name, address, and phone number of the person providing the reference. The reference letter must be included in your application package in a sealed envelope.
3. Arrange for your final official high school or post-secondary transcripts (as applicable) and provide a copy to your sponsoring P.E.O. Chapter. \*Detailed Academic Reports or screen print inquiry of marks will NOT be accepted.

**Submit the following to your sponsoring P.E.O. Chapter by the date requested.**

- Signed and completed Application Form
- **Official** high school/post-secondary transcripts (as applicable)
- Letter of reference (in sealed envelope)

## PERSONAL INFORMATION

Last Name

First Name

Middle Name

Date of Birth

Phone

Email

Marital Status: ☐ Single ☐ Married ☐ Common Law ☐ Widowed ☐ Divorced

Citizenship: ☐ Canadian ☐ Permanent Resident

Number of Dependent Children

### Mailing Address:

Street Address

City

Province

Postal Code

### Permanent Address: (if different from above)

Street Address

City

Province

Postal Code

## ACADEMIC AND CAREER INFORMATION

Name and location of the post-secondary institution you are or will be attending Field of study

Degree/Diploma

Entering \_\_\_\_\_ year of full-time study.

Will you be moving from your primary residence to attend school? ☐ Yes ☐ No

## REFERENCE CONTACT INFO

Letter of Reference to be provided in a sealed envelope to P.E.O. chapter contact.

Name

Email

Phone

## REQUIRED INFORMATION

1. What are your educational goals, objectives, and plans after graduating from your post-secondary program?

2. Tell us specifically how your studies will further reconciliation between Indigenous and non-Indigenous peoples of Canada. You may want to include the type of employment you hope to obtain and how your education will improve your skills and potential to make a positive impact in your community.

3. Describe your special interests. What activities are you involved in outside of your academic studies. Be sure to note any experience (work, volunteering, summer employment) related to work on or related to reconciliation.

4. Describe any challenging circumstances or hardships that make additional financial support warranted at this time.

## FINANCIAL INFORMATION AND BUDGET

Complete this budget for your upcoming academic term/year. Please be as accurate as possible.

If you are married, common law or a single parent, your budget should be for the entire family.

**Do not include student loans or lines of credit in the resources section.**

Resources		Expenses	
Savings (start of academic year)	\$	Tuition and Fees	\$
Investments (specify below)	\$	Books and Supplies	\$
RESP	\$	<b>Estimated Living Costs for the academic year</b>	
Scholarships Received	\$	Rent	\$
Other Income (specify):	\$	Groceries/Food	\$
	\$	Utilities	\$
<b>Total Confirmed Resources</b>	\$	Insurance	\$
Estimated earned income (during the academic year)	\$	Phone/Internet	\$
Scholarships/ Bursaries applied for	\$	Transportation	\$
Contributions from other sources (parent, spouse, etc.)	\$	Clothing	\$
Other income: (specify)	\$	Persona	\$
<b>Total Estimated Resources:</b>	\$	Childcare	\$
		Additional expenses (specify)	\$
		<b>Total Expenses:</b>	\$

If your total expenses are greater than your confirmed resources, please outline your plan for funding your education

## CHECKLIST

- ☐ Signed and completed Application Form
- ☐ Copy of official high school/post-secondary transcripts (as applicable)
- ☐ Letter of Reference (in sealed envelope)
- ☐ A current photo (optional - see consent at the bottom of the declaration page)

Return all the above to the sponsoring P.E.O. chapter by the date specified to you.

**NOTE: A letter of recommendation from an AB-SK P.E.O. Chapter MUST accompany the above documentation in order for your application to be considered.**

## DECLARATION

- ☐ I hereby certify that the information provided in this application and any attached documents are complete and true in all respects.
- ☐ I have read and understood all the eligibility requirements and restrictions and I certify that, to the best of my knowledge, I meet those requirements.
- ☐ If I receive this scholarship, I agree to maintain continuous full time student status in the upcoming academic year.
- ☐ If I receive this scholarship and I am unable to complete the full year, I understand that I will be required to refund a prorated portion of my scholarship.

Signed by: \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Print Name Day Month Year

Applicant Signature: \_\_\_\_\_

Media Release Consent: ☐ I DO ☐ I DO NOT

give permission to the Evelyn Henry Reconciliation Scholarship Committee to use my name and/or photo in any local, provincial and/or international publications and media including all social media, web-based publications, and print.

\*Note that consent to use your name, photo and/or biographical information is completely optional and will not impact the application process.

Notice of confidentiality: This application and the information in it are provided in confidence for the sole purpose of consideration for this scholarship. Any transmission, dissemination or other use of the confidential information contained herein by unsecured means is prohibited.

The selection committee will keep copies of complete application packages, including those not selected for six (6) years.

**Note: Late or incomplete packages will not be considered.**