



## Brad Wait Foundation Memorial

### Scholarship Application Form

Due: April 30th

Contact: [helen@bradwaitfoundation.ca](mailto:helen@bradwaitfoundation.ca) Phone: 604-929-1143

Scholarship application criteria:

1. Complete this application form
2. Proof of post grad acceptance
3. Brief note of how you fit the following criteria:

Grade 12 graduating student who has experienced significant hardship, **including but not limited to:**

- death of parent / sibling;
- Illness;
- child of single parent;
- child of immigrant family;
- extreme hardship during childhood

Applicant full name: \_\_\_\_\_

Address: \_\_\_\_\_

City / Province: \_\_\_\_\_ Postal code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

Address: \_\_\_\_\_

City / Province: \_\_\_\_\_ Phone #: \_\_\_\_\_

Counsellor's name: \_\_\_\_\_

Counsellor's Email: \_\_\_\_\_

(By giving Counsellor's contact information, you hereby give permission for Brad Wait Foundation to contact Counsellor about your application.)

Are you in good academic standing? \_\_\_\_\_

Enrollment of certified post-secondary program: \_\_\_\_\_

\_\_\_\_\_

Please list Community Involvement (volunteer/athletics)

Please attach brief introduction letter explaining how you fit the criteria and submit to [helen@bradwaitfoundation.ca](mailto:helen@bradwaitfoundation.ca) by April 30