

John Willoughby Scholarship Fund
Scholarship Application Form

Name: _____ Age: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Email _____

High School: _____ Graduation Year: _____

I am attending (name of University): _____

I will graduate with (medical degree/program name):

Application Criteria:

- This scholarship is for a minimum of \$1,000, and will be awarded to a student (recent secondary school grad, mature student, or grad student) who is enrolled in a health related course (ie: Medical Doctor, Nurse, Physio or Occupational Therapy, Cardiac or Respiratory Technician, etc.) in Canada. Students pursuing a Bachelor of Science in Nursing at a University are eligible. Students pursuing a Medical Doctorate are eligible for this scholarship when they enter Medical School, but not when they are taking a BSc.
- You must be a student who graduated from a secondary school in British Columbia
- Preference will be given to students who demonstrate academic excellence and volunteer within their community.

Application Checklist:

- ✓ This Application filled in.
- ✓ A letter written by the student about their academic study, volunteer pursuits, community involvement and why they are an excellent scholarship candidate.
- ✓ 2 letters of reference from persons involved with the student's studies or community service pursuits.
- ✓ Student's most current academic transcripts.
- ✓ *Optional Item - a current photo of the student, which may be used for online/in-print promotional materials. (This will not be included with your application package but will be used by the Foundation for promotional purposes if you receive an award)*

I hereby make application for the John Willoughby Scholarship Fund. I understand that if I am awarded this scholarship the funds will be directed to my account at the University in Canada where I am registered. The BC Interior Community Foundation may publicly announce the award made, noting the amount of the funds and naming me as a recipient, as well as publishing any photo I have provided online or in-print (photo is optional, and will not affect your application).

I declare that all the information that I have provided with this application is true and accurate. If any information is inaccurate, I understand that this award may be reassessed and/or withdrawn.

Signature of Applicant: _____ Date: _____

Submit this form and any other required information to the BC Interior Community Foundation by email: scholarships@bcicf.ca or paper mail: 2 – 219 Victoria Street, Kamloops, BC V2C 2A1 before April 1st. Incomplete applications will not be considered.