



WARDEN FAMILY SCHOLARSHIP

DESCRIPTION

Phil and Joan Warden have been involved, well-respected members of the Quesnel community for many years. His work as a Chartered Accountant and hers as an elementary school teacher impressed upon them the importance of both hard work and education.

They are pleased to partner with Quesnel Community Foundation to provide financial support to current and future Quesnel students who are seeking post-secondary education.

RECIPIENT CRITERIA: The successful recipient of the scholarship will:

- Be able to demonstrate financial need
- Have attended primary or secondary school in Quesnel for a minimum of two years or been a high school graduate while living in Quesnel
- Be in Grade 12, plan to be attending post-secondary school or be returning to post-secondary as a mature student
- Be enrolled in at least a 2-year diploma or degree program at a university or college
- Note: if more than one applicant, the recipient will have the highest total marks in Grade 12

WARDEN FAMILY SCHOLARSHIP – Additional information

2024 Value: \$1300

Application Instructions:

- Complete the necessary application form, financial information and necessary attachments. The Foundation reserves the right to not make an Award in the event of receiving no qualified applications.

Application Deadline:

April 30, the recipient will be notified in June.

Completed and signed applications can be submitted:

- By mail to: Quesnel Community Foundation, Box 4158, Quesnel, BC V2J 3J2
- By e-mail to: quesnelcommunityfoundation@gmail.com

Ownership:

The applications will become the property of the Quesnel Community Foundation.

Administration:

The Warden Family Scholarship is administered by the Quesnel Community Foundation. Successful applicants may be interviewed and have the Award presented publicly. Applications with special circumstances will be held in confidence or, upon request, be destroyed.



WARDEN FAMILY SCHOLARSHIP APPLICATION FORM

Please fill out every section of the application form and attach required documents. You may include additional pages for any section as needed.

For questions or clarification, contact the Quesnel Community Foundation by email through quesnelcommunityfoundation@gmail.com

Name	<i>Surname (Family Name)</i> <i>First Name</i>	
Address	<i>Street Address or PO Box</i>	
	<i>City/Town</i>	<i>Province</i> <i>Postal Code</i>
	<i>If not now a Quesnel resident, when did you live in Quesnel? From: To:</i>	
Primary telephone		
Email Address		
EDUCATION-COMPLETED or IN PROGRESS		
Secondary Education	High School Attending or Attended	
	Graduation Date	
Post-Secondary Education	School Attending or Attended	
	Program of Study	
	Start Date	
POST SECONDARY SCHOOL YOU PLAN TO ATTEND		
Name of Institution		
Institution Address		
Program of Study		
Intended Start Date		
How many years is the Program?		



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Attendance?	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
REQUIREMENT CHECKLIST		
<input type="checkbox"/> Two letters of reference or recommendation sent directly to Quesnel Community Foundation or in a sealed envelope with the application <input type="checkbox"/> Budget for upcoming school year (template attached) <input type="checkbox"/> Transcripts from past and current schools <input type="checkbox"/> Personal Resume <input type="checkbox"/> Cover letter telling about yourself, educational/career goals and why you are interested in a health care career, include pertinent schooling, community involvement and personal characteristics that will be convincing evidence of your suitability as the deserving recipient Note: a personal interview may be requested If you are the recipient, a copy of acceptance letter or proof of enrolment from school is required		
DECLARATION		
<input type="checkbox"/> I confirm that the information contained in this application and the accompanying documents is true, accurate and complete. I have fully disclosed all financial information to the best of my ability. I understand the information contained in this application will be shared solely with the members of the Quesnel Community Foundation Bursary Selection Committee		
<i>Your Name</i>	<i>Signature</i>	
	<i>Date</i>	
Parent/Guardian's Signature (if you are under 18 years of age)		
<i>Parent/Guardian Name</i>	<i>Signature</i>	
	<i>Date</i>	



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FINANCIAL INFORMATION – For BURSARY APPLICANTS List income and expenses for the school year.	
This Budget covers my study period beginning ___/___/____ (dd/mm/yyyy) and ending ___/___/____ (dd/mm/yyyy)	
EXPENSES	
Tuition and fees	
Books and supplies	
Other academic expenses (e.g. software, equipment)	
Housing (rent, residence fees, room & board, mortgage)	
Utilities	
Food or meal plan	
Clothing	
Transportation costs	
Other	
	TOTAL EXPENSES
INCOME	
Savings – enter amount you will have at the start of the academic year	
Employment earnings during academic year (estimated)	
Student loans	
Awards - Scholarships and bursaries you will receive for your study period	
Parental/spousal/sponsor contributions, including RESPs (see below ¹)	
Income assistance – welfare, disability assistance you will receive during your school year	
Spousal contribution (if married or common-law - if none, explain in your letter)	
Other Income – Worksafe BC, child care subsidy etc.	
	TOTAL INCOME
	TOTAL SHORTFALL (Expenses minus Income)
ASSETS	



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Motor Vehicles – resale value	
Other – recreational vehicles, property (do not include principal residence), etc	

¹

You must include your parents/guardian contribution in the budget if you are financially dependent on your parents as per Student Aid BC guidelines. Parent/guardian contribution is NOT needed if one of the following questions is answered “YES”:

- | | | | | |
|---|-----|----|--------------------------|--------------------------|
| Are you married? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have dependent children? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been out of high school 48 months? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you been Employed for 24 consecutive months? | YES | NO | <input type="checkbox"/> | <input type="checkbox"/> |