



390 Main Street, 2<sup>nd</sup> Floor  
Penticton, BC V2A 5C3

## **Dr. John & Kathy Scarfo Bursary Fund APPLICATION PROCESS**

Following this process summary is a three page application which must be completed in its entirety in order to qualify for consideration for the Dr. John & Kathy Scarfo Bursary.

### **Application Process:**

1. Applications must be received by the published deadline. This deadline will most often coincide with application deadlines from other scholarship programs. Late submissions will not be accepted.
2. Applications will be screened for eligibility by the Grants Committee of the Community Foundation of the South Okanagan (CFSO).
3. Suitable applicants will be contacted for an interview with members of the Grants Committee. Unsuitable applicants will not be contacted.
4. When required, a second interview may be scheduled.
5. Successful applicants will be awarded a sum of money as determined by the CFSO on the recommendation of its Grants Committee.
6. The CFSO will make payment of the award to the post-secondary institution at which the student is registered to be used against tuition fees.
7. The student must demonstrate proof of registration.
8. In the rare case that it is not possible to make payment to the institution, the CFSO will consider making payment directly to the student, although this is not preferred and, depending on circumstances, may not be possible under the Income Tax Act.



### Dr. John & Kathy Scarfo Bursary Fund Application Form

**Checklist of documents required:**

- Complete Application including Declaration and Signature
- Reference Letter from a person who is significant in your life but not an immediate relative (i.e. not a parent, spouse, common-law partner or sibling). The letter should state: relationship you have with the writer; why you are being recommended for this award; your current situation; your plans for the future. The Letter must be signed, dated with the name and contact information of the writer printed under the signature.
- Essay stating your achievements, your volunteer work, and work experience. Include a statement that demonstrates your commitment to living a healthy and active lifestyle.
- Name and Signature of a Parent or Guardian, if you are under 18 years
- Academic record

**NOTE: This scholarship is intended for those applicants who are committed to a healthy and active lifestyle. All applicants will be required to submit a statement confirming that they do not use tobacco products or illegal drugs of any kind or engage in any illegal activities.**

\_\_\_\_\_  
Surname

\_\_\_\_\_  
Given Name(s)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Insurance Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/Town

\_\_\_\_\_  
Province

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
email address

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Mobile Phone Number

Are You a Canadian Citizen? Yes/No

Landed Immigrant? Yes/No

**Name of Program you are Registered in/ Applying For**

\_\_\_\_\_  
**Name of Canadian Institution/Provider you are currently attending/plan to attend**

Start Date of Program: \_\_\_\_\_

End Date of Program: \_\_\_\_\_



**Dr. John & Kathy Scarfo Bursary Fund  
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**Financial Information**

Cost of Program for one year: \_\_\_\_\_

Books: \_\_\_\_\_

Tuition: \_\_\_\_\_

Rent per month: \_\_\_\_\_

Living expenses per month: \_\_\_\_\_

Do you have a job that you intend to keep while following this plan? Yes/No

If yes, what is your approximate monthly wage: \_\_\_\_\_

Have you received (or do you expect to receive) a student loan from the Province for the current academic year? Yes/No

If yes, approximate value: \_\_\_\_\_

Will you be receiving any other awards? Yes/No

If yes, approximate value: \_\_\_\_\_

Single? Yes/No

Married or Common-law? Yes/No

# of children \_\_\_\_\_

If you are married or common-law, the financial information presented should be for the whole family. Please explain any special circumstances that you would like the jury to understand (attach one additional page, if required)

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**Dr. John & Kathy Scarfo Bursary Fund  
Application Form**

**Declaration and Signature:**

I hereby make application to the Community Foundation of the South Okanagan for the Dr. John & Kathy Scarfo Scholarship Fund and I declare:

- That I have correctly answered all questions and that all information is true and complete.
- That I will notify the Community Foundation of the South Okanagan if my plans change significantly and I will not be pursuing this plan as described.
- That I authorize the Community Foundation of the South Okanagan to request and receive additional information from the named institution in order to determine my eligibility for this award.
- That I authorize the Foundation to contact the individual named as a reference in order to verify my eligibility for this award.
- That in the event that I am successful with this application, I consent to the publication of an announcement and my photo in local media and also in Foundation communications materials. This may include having information posted on the Foundation's website and in correspondence with donors.
- That I have not knowingly engaged in any illegal activities.
- That I do not use tobacco products or illicit drugs.

Name: (Please Print) \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

If you are under 18 years of age:

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Signature of Parent or Guardian