



## Eligibility Criteria:

- The student's post-secondary education will be in music studies, and can include a degree, diploma, or certificate program.
- Student must have overcome significant personal, family, social or educational difficulties.
- The student's goals and/or ambition should demonstrate the will to help build a brighter future for themselves and their families.
- Two letters of reference must accompany the application. Quality references are an important part of the selection process, so be sure to provide these.
- The student is a resident of Dufferin, Wellington or Guelph.
- Student must have achieved the academic standing required to continue into a post-secondary institution.
- Without financial assistance, the student might not otherwise be able to continue his or her education.
- Scholarship funds will be released to the successful applicant upon receipt of **Proof of Enrolment**. *Please note: an offer of admission is not sufficient.*

## Scholarship details for graduation program:

Administered by the Children's Foundation of Guelph & Wellington's Scholarship Program, the Klara and Oscar Bookbinder Scholarship of \$2,500 is given out annually to one student chosen from applications received from Family and Children Services and all high schools in Dufferin, Wellington and Guelph. This award was created by the Foundation in honour of the Bookbinders, accomplished musicians and scholars who emigrated to Canada from their native Hungary, settling in Rockwood. Their devotion to, and long history of, teaching music to children and youth enriched the lives of hundreds of local young music students.

# KLARA AND OSCAR BOOKBINDER SCHOLARSHIP APPLICATION

Applications to be completed by the **Student** and **Administration** of Family and Children Services and referring Secondary School in Dufferin, Wellington and Guelph and returned to the Children's Foundation by **May 1, 2021.**

## Part One: Student Information

First & Last Name: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(identified with) (dd / mm / yyyy)

## Part Two: Secondary School Information

Name of Secondary School: \_\_\_\_\_

Contact Name & Position: \_\_\_\_\_

Telephone: \_\_\_\_\_ Ext. \_\_\_\_\_

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

Date, Time and Location of Commencement: \_\_\_\_\_

## Part Three: Post-Secondary Information

Name of the Post-Secondary Institution attending: \_\_\_\_\_

Intended Program of study: \_\_\_\_\_

Check one:

- The student has been accepted to this program.  
 The student is waiting for an offer of admission.

**Proof of enrolment will be required.**

Applications accepted by email to [anita@childrensfoundation.org](mailto:anita@childrensfoundation.org), fax, mail or in person.

## Part Four: Student's Story

**Student:** Please share your story by submitting answers to the following questions in the format of your choice (written, visual, audio visual). A one-page story (or equivalent) is sufficient. Assistance from a teacher, guidance counsellor or social worker is allowed, if needed.

1. Describe the music studies you have to date?
2. Explain your struggles (personal, family, social or educational difficulties). How have you overcome these struggles to graduate high school and pursue post-secondary education?
3. What are your educational / career goals?
4. How do you think receiving this scholarship will help you?
5. How will this Scholarship assist with your post-secondary goals?

**Please provide two letters of reference.**

## Part Five: Waiver & Permission

I/We hereby state that the above information is accurate and authorize the Children's Foundation of Guelph and Wellington to make any inquiries it deems necessary to verify this information, and that the confidentiality of such information will be respected. I/We understand that the Children's Foundation has the right not to grant any or all of the funds requested.

The Children's Foundation requests that the successful applicant provides a reflection on the impact this scholarship has had after their first term. A \$100 award will be provided upon receipt of the reflection form.

Please indicate your preference by selecting ONE of the following choices:

- I, the scholarship student, give permission to the Children's Foundation to use some or all of my story information for promotional or fundraising purposes, and I understand that the Children's Foundation will change or remove identifying information including my name for privacy. I understand that I can refuse permission by checking the box below, or at any time in the future by notifying the Children's Foundation in writing.
- I do not want my story used for promotional or fundraising purposes.

Application will be viewed **only** by members of the Children's Foundation Scholarship Committee.

Signature of Student: \_\_\_\_\_

Signature of School Contact Person: \_\_\_\_\_

Check one:

- Proof of Enrollment is attached.       Proof of Enrollment is still to come.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2021

### For CFGW Use Only

Date Received: \_\_\_\_\_ Proof of Enrolment Received: \_\_\_\_\_

Authorization: \_\_\_\_\_

Scholarship Award Sent: \_\_\_\_\_ Date: \_\_\_\_\_