

Eligibility Criteria:

- The student has demonstrated extraordinary efforts to help / support others.
- The student has recognized the strengths of others and encouraged others in positive and productive ways.
- The student has shown resilience to persevere through adversity and empower themselves and others.
- Two letters of reference must accompany the application. The quality of the references is an important part of the selection process; please be sure to provide strong letters that demonstrate the requirements for the scholarship.
- The student is a resident of Dufferin, Wellington or Guelph.
- 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 Paul Hammond Scholarship 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 past Board Member, Paul Hammond, to provide financial support for students pursuing post-secondary education. The award recognizes the student's ability to empower themselves and others and demonstrate the characteristics of resiliency and perseverance to achieve their academic goals when faced with adversity.

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, 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. Please explain the efforts you have made to help and support others.
2. Please describe and provide examples of how you have recognized the strengths of others and encouraged them.
3. Please describe the adversity you have faced and how you have persevered. Explain how you were able to be resilient and empower yourself.
4. How do you think receiving this scholarship will help you? Please describe how your goals for your post-secondary education will help build a brighter future for yourself.

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: _____