

**CALGARY CATHOLIC TEACHERS**  
**Alberta Teachers' Association Local #55**  
**http://www.ataloc55.ab.ca**  
**Email: office@ataloc55.ab.ca**

**214, 3016 - 5 Avenue NE**  
**CALGARY, Alberta T2A 6K4**  
**Phone: 403-265-2678**  
**Fax: 403-263-7830**

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**NAME:** Calgary Catholic Teachers, ATA Local #55  
**TEACHER MEMORIAL HONOR ROLL SCHOLARSHIP/BURSARY**

**PURPOSE:** To give recognition to deceased teachers for their significant involvement in the Alberta Teachers' Association and/or Local #55.

**ELIGIBILITY:** Any child whose parent is or has been a member of Local #55, and who is in or has completed his/her Grade 12 year.

**VALUE:** \$700.00 each. Up to seven scholarships to be awarded annually. \***PLEASE NOTE:** The Scholarships and Bursaries are ***not*** limited to university programs.

**USAGE:** The Scholarship is given to offset costs for the recipients' attendance at any recognized ***Post Secondary*** institution. Proof of enrollment must be presented (a tuition receipt is preferred). If the student does not register in a recognized Post Secondary institution program by September of that current year, the Scholarship will then revert to the Association for further allocation.

**GENERAL SELECTION CRITERIA:**

**SCHOLARSHIP (5)**

1. Demonstration of above average achievement. Average to be calculated on 30 level diploma examination marks plus one other 30 level course and/or prerequisite. (**Counsellors please note** to include mid-term marks for courses in which the applicant is currently registered).  
Weighting of application - 70%
2. Involvement in extra or co-curricular activities.  
Weighting of application - 15%
3. Recommendation of his/her worthiness from a teacher.  
Weighting of application - 15%

**BURSARY (2)**

1. Need (Disability, Finance and Family Consideration)  
Weighting of application - 30%
2. Demonstration of above average achievement.  
Weighting of application - 40%
3. Involvement in extra or co-curricular activities.  
Weighting of application - 15%
4. Recommendation of his/her worthiness from a teacher.  
Weighting of application - 15%

**PURPOSE:** To assist the student to pay for tuition at Post Secondary Education. To give recognition to deceased teachers for their significant involvement in the Alberta Teachers' Association and/or Local #55.

**SELECTION COMMITTEE:**

ATA Local #55 Teachers' Divisional Representatives and Non-School Based Teachers' Representative. The decision of this committee is final.

**DEADLINE:** **MAY 31, 2012, 5:00 P.M.. NOTE: APPLICATIONS NOT RECEIVED BY THE DEADLINE, WILL BE DISQUALIFIED. NO EXCEPTIONS WILL BE MADE. FAXED APPLICATIONS WILL NOT BE ACCEPTED.**

**ANNOUNCEMENT:** ***JUNE 25, 2012***

:rsm



11. SENIOR HIGH ACADEMIC RECORD: (Attach verified school computer print-out)  
NOTE: FAXED COPIES WILL NOT BE ACCEPTED

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12. POST SECONDARY INSTITUTION(S) YOU PLAN TO ATTEND:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

13. INTENDED FIELD OF STUDY: \_\_\_\_\_

14. LIST OF HONORS, AWARDS OR SCHOLARSHIPS YOU HAVE RECEIVED:

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15. LIST THE NAME AND POSITION OF THE TEACHER WHO WILL BE FORWARDING A LETTER OF RECOMMENDATION: (**Letter must be original signed letter – NO emails, facsimilies, etc. will be accepted**)

NAME: \_\_\_\_\_

POSITION: \_\_\_\_\_

16. GIVE DETAILS OF ANY FINANCIAL ASSISTANCE FOR THE COMING YEAR FOR WHICH YOU INTEND TO APPLY (example: loans, scholarships, etc.)

TYPE	SOURCE	AMOUNT
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**SUPPLEMENTARY INFORMATION**

17. PLEASE NOTE ANY SPECIAL PERSONAL SITUATIONS OR CIRCUMSTANCES IN SUPPORT OF THIS SCHOLARSHIP APPLICATION, SUCH AS ILLNESS, DISABILITY, BEREAVEMENT, FINANCIAL HARDSHIP, ETC.

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18. LIST NON-CREDIT ACTIVITIES, BOTH IN SCHOOL AND OUT, IN WHICH YOU HAVE PARTICIPATED DURING YOUR HIGH SCHOOL YEARS:

	Activity	Position Held	Grade
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____
d.	_____	_____	_____
e.	_____	_____	_____
f.	_____	_____	_____
g.	_____	_____	_____
h.	_____	_____	_____
i.	_____	_____	_____
j.	_____	_____	_____

**AN EXTRA PAGE MAY BE USED TO ENTER ANY ADDITIONAL INFORMATION**

Signature of Applicant: \_\_\_\_\_

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

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**TEACHER MEMORIAL HONOR ROLL SCHOLARSHIP**

STATEMENT OF RECOMMENDATION

\_\_\_\_\_ has requested you to write a Statement of Recommendation in support of his/her Local #55 Teacher Memorial Honor Roll Scholarship application. Please do so in 100 words or less and forward it directly to Calgary Catholic Teachers ATA Local #55, must be received on or before **May 31, 2012**. *(Letter must be original signed letter – **NO** emails, facsimilies, etc. will be accepted).*