

Florence E. Taylor Charitable Foundation Scholarship Application

The Florence E. Taylor Charitable Foundation Scholarship for women was established through the generous contribution of Florence E. Taylor, a member of Chapter C, Alberta, P.E.O. Sisterhood.

Awards are made at the discretion of the Board of Directors of the Foundation. The minimum award amount is currently \$1000 in Canadian funds. The number of scholarships awarded annually may vary. The awards will be announced by mid October. **This scholarship may only be received once!**

ELIGIBILITY CRITERIA

- Have a Social Insurance Number
 - Be a Canadian citizen or permanent resident
 - Be a resident of Alberta or Saskatchewan for at least two years
 - Be entering first or second year of **full-time study** in your **first** degree or diploma program
 - Be studying or planning to study at any **accredited** Alberta or Saskatchewan post secondary institution
 - Demonstrate financial need, based on your submitted budget projection
 - Be committed to your educational goal, as demonstrated by information in your application, academic record and letter of reference
 - **Must be sponsored by a P.E.O. Chapter**
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Instructions to Applicant

1. Complete the application form.
The application form is available as a fillable PDF form from <https://www.peoab-sk.ca> (located under Provincial Philanthropies/Florence E. Taylor Charitable Scholarship Fund/F.E. Taylor application form). **Download** the form and **save** it to your device. Open the form in Adobe Acrobat Reader. Fill the form, then print and sign it.
*The form is only fillable if you open it with Adobe Acrobat Reader. If you do not have Reader installed on your device it can be downloaded at <https://get.adobe.com/reader/>.
2. Obtain one **letter of reference** from a responsible person who has known you for at least two years. The letter should indicate the name, address and phone number of the person providing the reference. The reference letter should be in a sealed envelope.
3. Arrange for **official transcripts**. If entering 1st year post secondary, obtain official high school transcripts from Ministry/Dept. of Education. If entering 2nd year post secondary, obtain official first year transcripts from the post secondary institution. Provide an original or a **copy** to your sponsoring P.E.O. Chapter by their requested deadline. **Detailed academic reports will not be accepted.**
4. **Submit the following to your sponsoring P.E.O. Chapter by August 15.**
 - **Application form - completed and signed (print form SINGLE-SIDED only)**
 - **Original or copy of final official high school transcript or first year post secondary transcript**
 - **Letter of reference (in a sealed envelope)**

Personal Information

Last Name	Date of Birth
First Name	
Middle Name	Citizenship
Phone	Canadian
Email address	Permanent Resident
Mailing Address	Social Insurance Number
Street/P.O. Box	
City/Town	Marital Status
Province	Single
Postal Code	Married
	Common Law
Permanent Address <i>(if different from above)</i>	Widowed
Street/P.O. Box	Divorced
City/Town	
Province	Number of Dependent Children
Postal Code	

Academic and Career Information

Name and Location of Post Secondary Institution you will be attending

Intended Field of Study

Degree/diploma

Entering: First Year ___ Second Year ___ of **full-time study**

Reference Contact Info

(letter of reference to be provided in a sealed envelope to P.E.O. Chapter contact)

Name _____

Email _____

Phone _____

Required Information

1. What are your educational goals and career plans after graduating from your post secondary program?
2. What inspired you to pursue this course of study?
3. Tell us about your special interests. What activities are you involved in outside of your academic work at school? Part-time job? Volunteering? Plans for summer employment?
4. Are there any challenging circumstances that make additional financial support for post secondary education necessary?

Financial Information and Budget

Complete this budget projection for your upcoming school year. **Please be as accurate as possible.** If you are married, common law or a single parent your budget should be for the entire family.

Do not include student loans or line of credit in the resources section.

**** school year = period when you are actively enrolled in study**

RESOURCES (For school year only)		EXPENSES (For school year only)	
Confirmed Resources		Tuition and Fees	\$
Savings (start of academic year)	\$	Books and Supplies	\$
Investments	\$	Estimated Living Cost for Academic Year	
RESP	\$	Transportation	\$
Scholarships Received	\$	Housing	\$
Other Income (specify)		Groceries/Food	\$
	\$	Utilities	\$
	\$	Insurance	\$
Total Confirmed Resources	\$	Phone /Internet	\$
		Clothing	\$
Estimated Potential Resources		Personal	\$
Estimated earned income (during academic year)	\$	Child Care	\$
Scholarships/ Bursaries applied for	\$	Additional Expenses (specify)	
Contributions from other sources (parent, spouse etc)	\$		\$
Other Income (specify)		Total Expenses	\$
	\$		
	\$	Total Expenses Minus Total Confirmed Resources	\$
Total Estimated Potential Resources	\$		

If your total expenses are greater than your total confirmed resources, outline your plan for funding your education.

Student Checklist

- Signed and completed application form (**printed single-sided**)
- Copy of official high school transcript if entering first year post secondary program **OR**
Copy of official post secondary transcript if entering second year post secondary program
- Letter of reference in sealed envelope

Return all of the above to the sponsoring P.E.O. Chapter by August 15

NOTE: Late or incomplete applications will not be considered.

Declaration

I hereby certify that the information provided in this application and any attached document is complete and true in all respects.

I have read and understood all the eligibility requirements and restrictions listed on page 1 of this application. I certify that, to the best of my knowledge, I meet those requirements.

If I am given the scholarship, I agree to maintain **continuous full time student status** in the upcoming year.

If I am given a scholarship and am unable to complete the full year, I understand and agree that I will be required to refund a prorated portion of my scholarship.

Signed by _____, the _____ of _____, _____
Print Name Day Month Year

Applicant Signature

The F.E. Taylor Charitable Foundation is administered by Scotiatrust