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|  |  | Dr. Shaheen Memorial Foundation |

**Scholarship Application Form**

The Dr. Shaheen Memorial Foundation Scholarships are available annually to current and applicant students at the Bay River College. Finances should not be a barrier to a student to realize their academic and career dreams. The Dr. Shaheen Memorial Foundation is committed to helping students realize their dreams of a career in clinical research, providing exceptional students with the funds to succeed.

**Eligibility**

To be eligible for the Dr. Shaheen Memorial Foundation Scholarship, the following rules apply, and applicants must:

* Be a student who demonstrates leadership, community activism, and advocacy.
* Be a student who demonstrates need of financial assistance to enroll.
* Be in satisfactory standing at the time of your scholarship application.
* The recipients will be selected based on merit (minimum of a 3.0 CGPA is required) and the applicant must submit a Letter of Intent which will also be considered in the selection process

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**How to Apply**

**IMPORTANT:** Applications that are incomplete or that are missing the Letter of Intent, are unsigned or received after the application deadline will not be considered.

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| **Step 1:** | **Check if you are eligible for the scholarship.**  Refer to eligibility requirements on previous page. | | |
| **Step 2:** | **Print, complete and sign the application form.**  The application form can be found on the next pages of this document. If mailing in your application, please staple all your documents before mailing. To send your application by email, please scan and save your documents in PDF format.  Note: Application materials submitted to the Scholarship Selection Committee will not be returned. | | |
| **Step 3:** | **Submit your application** | | |
| Mail your application or submit in person to:  Bay River College  c/o Dr. Shaheen Memorial Scholarship Foundation  1 – 3516, 26 Street NE.  Calgary, AB Canada T1Y 4T7 | | OR | Email your completed and signed application documents (in PDF format) to:  [shaheen-memorial@bayrivercolleges.ca](mailto:shaheen-memorial@bayrivercolleges.ca)  [admissions@bayrivercolleges.ca](mailto:admissions@bayrivercolleges.ca) |
| **Step 4:** | **Interview with Selection Committee member(s)**  After review of your written application, you may be asked to attend either in person or a virtual interview with member(s) of the Selection Committee. It is a requirement to attend such interview(s) to be considered for the scholarship. | | |

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Should you have any questions regarding the application process, please email [shaheen-memorial@bayrivercolleges.ca](mailto:shaheen-memorial@bayrivercolleges.ca)

Please note that the Selection Committee will NOT confirm receipt of scholarships applications.

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| **Application Deadline**  Scholarship applications for the Dr. Shaheen Memorial Scholarship Foundation must be received as soon as possible.  **Note:** This also applies to mailed documents. Please mail applications at least one (1) week in advance of the deadline to ensure your application is received on time. |

**Review Process**

Complete applications will be reviewed by the Selection Committee and selected applicants will be contacted via their contact information provided on their application. Decisions as to scholarships granted and amounts awarded are final.

**Payment Process**

Upon final selection of the candidates, the scholarship payment will be submitted towards the student’s tuition amount(s) owing. Remaining funds (if any) will be deposited to Student’s bank via direct deposit. All awarded scholarship funds are remitted to the students in Canadian funds. The Payment schedule(s) are determined at the discretion of the Selection Committee.

**Note:** Upon registration, you are still responsible for the payment of all costs charged to your student account, as the issuance of scholarship payments may not correlate with the payment due date of your tuition invoice.

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**Scholarship Application form**

The information requested below is required for review by the Selection Committee

Please complete all information in pen and in block letters. Be sure to include your Bay River College ID number at the top of each page of this application.

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| STUDENT PROFILE | | | | | | | | |
| IDENTIFICATION: | | | | | STUDENT ID NO: | | | |
| Preferred Title: | ⃝ Mr. ⃝ Ms. ⃝ Miss. ⃝ Mrs. ⃝ Other (Please Specify): | | | | | | |  |
| Last Name: | | | | | First Name: | | | |
| Date of Birth:  \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_  Day Month Year | | | | I am a: | ⃝ Canadian Citizen  ⃝ Refugee or protected Person | | ⃝ Permanent Resident  ⃝ International Student | |
| MAILING ADDRESS | | | | | | | | |
| Street name and no: | | | | | | | Apt/Unit no: | |
| City: | | | Prov/State: | | | Postal/Zip Code: | | |
| Daytime  Telephone: ( ) | | | | | Evening/Mobile  Telephone: ( ) | | | |
| e-mail address: | | | | | | | | |
| ACADEMIC INFORMATION | | | | | | | | |
| Please enter your previous Post-Secondary Education in the fields provided below for evaluation of your application for the Dr. Shaheen Memorial Foundation Scholarship. Please also attach transcripts of previous academic institutions you have listed below. | | | | | | | | |
| 1 – Institution Name: | | | | | Diploma/Degree: | | | |
| City: | | Country: | | | Date Graduated (dd/mm/yyyy): | | CGPA (as on transcript provided): | |
| 2 – Institution Name: | | | | | Diploma/Degree: | | | |
| City: | | Country: | | | Date Graduated (dd/mm/yyyy): | | CGPA (as on transcript provided): | |
| 3 – Institution Name: | | | | | Diploma/Degree: | | | |
| City: | | Country: | | | Date Graduated (dd/mm/yyyy): | | CGPA (as on transcript provided): | |
| 4 – Institution Name: | | | | | Diploma/Degree: | | | |
| City: | | Country: | | | Date Graduated (dd/mm/yyyy): | | CGPA (as on transcript provided): | |
| PROFESSIONAL/ACADEMIC REFERENCES | | | | | | | | |
| Please attach three (3) letters of reference from previous professional or academic contacts to this application. References will be contacted and interviewed as part of your application. | | | | | | | | |

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**Scholarship Application Form**

**Letter of Intent**

Please write a personal statement and attach it to your application, please explain why you are applying for this scholarship, how this scholarship will help you and your intentions regarding your future studies and employment. Outline any special circumstances that the Selection Committee should consider when reviewing your application.

Please limit your Letter of Intent to a maximum of 250 words. (Written in legible, block letters or typed).

If your Letter of Intent is on a separate page, please ensure your name and your Bay River Student ID number is on your Letter of Intent.

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By submitting this application, I affirm that all the information I am providing is correct, and I pledge to fulfill the reporting requirements if I am awarded the scholarship.

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| --- | --- |
| Printed Name | Signature |
| Date (dd/mm/yyyy) |  |

**Confidentiality**

All information collected with your scholarship application will be used solely for the purposes of evaluating your eligibility and, unless otherwise expressed.

**Accuracy of Information**

All information in this application is to be completed to the best of your knowledge. If the information submitted in this application is found to be false or intentionally misrepresented, you may be required to repay any scholarship funding received and/or be barred from future scholarship/academic applications.