



The Bryan Lefley Memorial Scholarship Application Form



Bryan Lefley was well respected in the hockey community, both in Canada and around the world, as a player, coach and educator. He is remembered for his wisdom, thoughtfulness and strength of character.

Bryan passed away accidentally on October 29, 1997 in Italy. This scholarship was established by his family in his memory.

Applications will be accepted based on the following qualifications and criteria. An individual who:

- a) is a Canadian citizen,
- b) has exhibited strong academic achievements,
- c) has participated in an organized sport,
- d) demonstrates potential to excel or develop in a chosen sport,
- e) is 17-21 years of age as of date of application,
- f) is or will be registered full time in a post-secondary institution in the fall,
- g) is a graduate student from the Interlake School Division,
- h) and has demonstrated community involvement.
- i) Past winners of this award may not apply again.

Completed applications **must be submitted prior to April 30th, 2024 to the ICF.**

Name: _____ High School Grad Date: _____

Mailing Address: _____

Phone: _____ Email address: _____

Name of High School: _____

A CURRENT ACADEMIC TRANSCRIPT MUST BE INCLUDED WITH THE APPLICATION. THIS APPLICATION WILL NOT BE CONSIDERED IF THE TRANSCRIPT IS NOT INCLUDED.

1. List in chronological order the secondary schools and post-secondary schools (if any) you have attended, including the one you are now attending:

| | Name of School | City or Town | Graduation Date | Grades Completed |
|----|----------------|--------------|-----------------|------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |

2. List Academic Awards you have received:

| | School Name | Year of Award | Name of Award |
|----|-------------|---------------|---------------|
| 1. | | | |
| 2. | | | |
| 3. | | | |

3. Please give a brief summary of activities/volunteerism you have participated in other than sports, both in community and your school, and the role you played in each (use reverse if necessary):

4. Sport Record: List teams played for and year played:

5. Outline briefly your plans for future sport/fitness participation:

6. Please provide information on any athletic honors or awards you have received:

| | Year rec'd | Team Name | Coach | Name of award | Coach's phone # |
|----|------------|-----------|-------|---------------|-----------------|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |

7. Please provide information on any summer or part-time employment you have held.

8. Outline briefly your plans for future education and career:

9. Please describe any qualities that you have that exemplify the values that Bryan Lefley had:

10. Please provide 2 character references that are not immediate family. Letters of recommendation are welcome, but not required. Please attach to the application.

| <u>Name</u> | <u>Relationship (employer, teachers, etc.)</u> | <u>Phone Number</u> |
|-------------|--|---------------------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |

ACKNOWLEDGEMENT & CERTIFICATION I hereby indicate my understanding that the decision of the Bryan Lefley Memorial Scholarship Selection Committee in the selection of the scholarship winner(s) is final and binding on all applicants. I understand that the Bryan Lefley Memorial Scholarship Selection Committee reserves the right, at any time, to terminate my benefits at their sole discretion and pursuant to the terms of the Bryan Lefley Memorial Scholarship Application. I certify that the information on this application is true and complete to the best of my knowledge. If asked by the Scholarship Committee, I agree to provide further substantiation of the information given on this application. The funds must be paid to educational institutions that can be recognized by CRA as qualified donees - that is they must be registered charities that are verifiable on the CRA website's list of charities. If funds are paid to student directly, proof of enrollment and student's social insurance number will be required. This award and fund are administered by the Interlake Community Foundation Inc.

Date: _____

Signature of Applicant

Mail to: Interlake Community Foundation
Inc. PO Box 1575
Stonewall MB R0C 2Z0
Email:
tracy@interlakefoundation.ca

There will be 3 scholarships of **\$1,500.00** each awarded. The Scholarship beneficiaries will be selected on the basis of such factors as academic achievement, career goals, extra-curricular activities, outside school activities and sport participation. The Scholarship winner(s) will be notified no later than June 15th, extenuating circumstances excepted. The award may be transmitted directly to the college or university financial aid office prior to the start of the academic year. The amount of benefits which may be received by any successful applicant will remain at the sole discretion of the Bryan Lefley Memorial Scholarship Selection Committee and the Interlake Community Foundation, Inc.

Unsuccessful applicants may reapply in future years if they continue to meet all criteria.

Please use this page for any additional information that did not fit on other pages.