

**UNIVERSITY STUDIES - RICK JACKSON SCHOLARSHIP APPLICATION FORM**

The Rick Jackson Fund, held at the Comox Valley Community Foundation, was established to support the educational pathways of Comox Valley high school graduates through annual scholarships. Please complete and submit this form and documents to your high school before the deadline to be considered.

**Deadline: March 7, 2025**

1. To be eligible for this scholarship, applicants must be:
  - a. A Canadian citizen or permanent resident of Canada
  - b. A student graduating from School District No. 71
  - c. Pursuing University Studies at any public post-secondary institution off Vancouver Island (within Canada), as specified in the Fund.
2. Attach a current copy of your transcripts.
3. Two signed letters of reference (from non-relatives) must be included

Consideration for this scholarship will be given to applicants with demonstrated financial need, higher grades, those underrepresented in their field of study, and individuals involved in extra-curricular or community programs. Please complete all areas of the application fully to the best of your ability. There are no wrong answers. Thank you for applying!

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**APPLICANT**

Name (First/Last):

Preferred name:

Email address:

Phone number:

Address:

High school name:

Are you a Canadian Citizen or Permanent Resident of Canada? ☐ Yes ☐ NoHave you included letters of reference? ☐ Yes ☐ NoHave you included a copy of your high school transcripts? ☐ Yes ☐ No

What is your current grade point average? \_\_\_\_\_

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## **AREA OF STUDY**

In this section, please tell us about your educational and career goals.

**Planned area of study (program or pathway):**

**Name of intended post-secondary institution:**

Please tell us about your chosen program, what you're looking forward to learning, and the career you hope to pursue after completing:

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## **ABOUT YOU**

In this section, please tell us about some of your interests, hobbies, achievements, or experiences. If you participate in scheduled extra-curricular activities or community programs, you can list them here. You can also tell us about any other interests or ways you like to spend your time.



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## HOUSEHOLD INFORMATION

This section helps reviewers better understand your financial circumstances and living situation. This information will only be used for the purpose of evaluating financial need. Please only report on your primary residence – where you have lived most for this school year.

1. Please describe your current living situation, including guardians and siblings you live with:

*Example, I live with my mom, step-dad and two siblings and stay with my dad every second weekend. Or another example, I live with both my parents and am an only child.*

2. Please provide the following information for each parent/guardian that you live with in your primary household:

Parent/guardian 1

Line 150 from previous tax year: \_\_\_\_\_

What is their occupation: \_\_\_\_\_

Parent/guardian/step-parent 2 (or leave blank if only one adult lives with you in your primary household)

Line 150 from previous tax year: \_\_\_\_\_

What is their occupation: \_\_\_\_\_

3. Is there any information about your family's situation that is not captured in the questions above that you wish to provide? *For example, has the family experienced a significant drop in income since last year (e.g., job loss or reduced work hours)? Are there other family members attending post-secondary education? Are there extraordinary expenses impacting the family's ability to contribute (e.g., legal fees, caregiving costs)?*



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## FINANCIAL NEED

In this section, please estimate your income and expenses during your first year of post-secondary.

### My Income during first year of post-secondary

Savings / contributions (your own and from others) \$ \_\_\_\_\_

Income from student loans \$ \_\_\_\_\_

Other income from bursaries / scholarships \$ \_\_\_\_\_

Anticipated income (work, savings from now until start of program) \$ \_\_\_\_\_

**TOTAL INCOME** (add all amounts) A = \$ \_\_\_\_\_

### My Expenses during first year of post-secondary

Tuition & fees (student services, insurance) \$ \_\_\_\_\_

Room, board and utilities \$ \_\_\_\_\_

Books & supplies \$ \_\_\_\_\_

Clothing \$ \_\_\_\_\_

Transportation \$ \_\_\_\_\_

Entertainment \$ \_\_\_\_\_

Miscellaneous \$ \_\_\_\_\_

**TOTAL EXPENSES** (add all amounts) B = \$ \_\_\_\_\_

**INCOME MINUS EXPENSES** A – B = \$ \_\_\_\_\_

What challenges do you face in funding your university education, and how would this scholarship help you address those challenges?



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## OPTIONAL INFORMATION

This award seeks to recognize and remove barriers to education and support equity, diversity, and inclusion. As such, responding to the following question is optional but helps to recognize those who are “underrepresented”.

Please mark all that apply to you:

- ☐ I am the first in my family to attend college or university
- ☐ I self-identify as black, indigenous or a person of colour
- ☐ I am/have been in foster care and/or have a court-appointed guardian
- ☐ I self-identify as a member of the 2SLGBTQI+ community
- ☐ I have a documented disability or chronic health condition
- ☐ I am an immigrant to Canada
- ☐ English is not my first language

Any responses provided are strictly confidential and only reviewed by the scholarship adjudicators. Reference: Admissions Policies and Practices for Underrepresented Groups of Students [www.bccat.ca/underrepresntedgroups](http://www.bccat.ca/underrepresntedgroups)

### Comox Valley Community Foundation – Privacy and Information Use Statement

All information collected through this application is protected under the *Freedom of Information and Protection of Privacy Act* (FOIPPA). The personal data provided will be used solely for the purpose of adjudicating awards at the Comox Valley Community Foundation (CVCF).

The Comox Valley Community Foundation is committed to maintaining the confidentiality and security of all application information. Your data will not be shared, sold, or used for any purpose beyond the adjudication and administration of the awards.

All application data will be securely stored and subsequently destroyed within one calendar year of submission, in accordance with privacy regulations and organizational policy.

By signing this document, you confirm that you have read, understood, and agree to these terms of use.

**Applicant Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

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

For Internal use only

