

**SERGEANT DEREK C. BURKHOLDER MEMORIAL TRUST
SCHOLARSHIP AWARD APPLICATION**

Purpose:

Srgt. Derek C. Burkholder of the Royal Canadian Mounted Police died on June 14, 1996 in the line of duty. Scholarships are made in his memory, lest we forget his sacrifice and to continue the goodwill he encouraged in his fellow human beings.

The Award:

The number and size of awards to be made available will be determined annually by the Awards Committee. The criteria for receiving an award will be based upon:

- (a) a demonstrated financial need;
- (b) a demonstrated humanitarianism;
- (c) preference will be given to those who declare a stated purpose to serve their fellow human beings in either law enforcement or a related social undertaking;
- (d) maintain a proven academic standing of at least a "B" average;
- (e) be of upstanding character and reputation in the community;
- (f) enrolled or accepted to a recognized post secondary institution.

Directions:

Complete this form and include with it a copy of your marks from your guidance counselor or registration office. Any applications received not accompanied by a copy of marks will not be considered by the Selection Committee for consideration of this scholarship.

Signature:

I, _____, agree that if after I am chosen to receive this scholarship, I choose not to attend the University or College indicated as part of this scholarship application, I will not be eligible to receive this money.

Date: _____

Signature: _____

*This application must be completed in the student's own handwriting and sent to:

Srgt. Derek C. Burkholder Memorial Trust
c/o Michael K. Power, QC
Power, Dempsey, Leefe & Reddy
84 Dufferin Street
Bridgewater, NS B4V 2G3
Fax: 902-543-3196
Email: michael@lawpower.ca

All applications must be received by deadline indicated.

**DEREK C. BURKHOLDER MEMORIAL TRUST
SCHOLARSHIP AWARD APPLICATION**

Priority No.: _____

Date Submitted: _____

School: _____

PERSONAL INFORMATION:

Applicant's Full Name: _____

Birth Date: _____

Social Insurance Number: _____

Home Mailing Address: _____

Phone Number: _____

Email Address: _____

FAMILY INFORMATION:

Father and/or Guardian Name : _____

Occupation: _____

Employer: _____

Salary Range: _____

Mother and/or Guardian Name : _____

Occupation: _____

Employer: _____

Salary Range: _____

Brothers' and/or Sisters' Name:	Age:	School
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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EMPLOYMENT HISTORY (Full or Part Time)

Employer:	Position	Dates:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a summer job in place? If yes, please answer the following:

Employer:	Position:	Weekly Wage:
_____	_____	_____

REFERENCES:

Name and telephone numbers of two personal references and include one written reference:

Name: _____ Phone: _____

Name: _____ Phone: _____

Written Reference attached: Yes: _____ No: _____

IN YOUR OWN WORDS:

Applicants **are invited to express themselves**. Please limit your thoughts to 500 words or less. Please attach a separate sheet or use the back of this page.

ACADEMIC REPORT – CONFIDENTIAL

(to be attached to your application if faxing or emailing application the school can forward the academic report separately)