



# 2012 TRAJAN MARTIN MEMORIAL AWARD

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## DESCRIPTION OF THE AWARD

An endowment fund has been established by family and friends in memory of Trajan Martin who passed away at the age of 26. Trajan was an adventurous leader. He encouraged those around him to push themselves to do their best and to experience as much as possible. His motto could have been: "Do it now as tomorrow may never be."

An award of \$500 will be offered to a student from the North Shore who demonstrates compassion, adventure, integrity, and exuberance for life.

## ELIGIBILITY CRITERIA

In order to be considered for the Trajan Martin Memorial Award, a student must:

- Be a student from the North Shore;
- Applicants must be between the ages of 16 and 25.
- Applicants must include a typed 500 word essay explaining how they meet the criteria. A member or representative of the Martin family will be invited to take part in the selection process.

## SELECTION CRITERIA

- Demonstrate compassion, adventure, integrity, and exuberance.

## APPLICATION FORM CHECKLIST

- One letter of reference from your school
- One letter of reference from your community
- Your complete application package must include the following: One original application with an official transcript of grades **including provincial exam results for grades 10, 11 and 12**. (Students should submit available transcripts and mid-term marks for their grade 12 subjects not yet completed.)
- Your typed essay

## MAILING INSTRUCTIONS & DEADLINE INFORMATION

- All applications must be received (not postmarked) by **April 15, 2012**
- Mail completed applications to:

Scholarship Committee  
West Vancouver Community Foundation  
775 - 15th Street  
West Vancouver, BC V7T 2S9

## FURTHER INQUIRIES

Please call the West Vancouver Community Foundation office 604-925-8153 or visit [www.westvanfoundation.com](http://www.westvanfoundation.com).



## 2012 TRAJAN MARTIN MEMORIAL AWARD APPLICATION

**IMPORTANT: Applicants must read instructions on pages 1 & 2 before completing this application. PLEASE PRINT IN BLUE OR BLACK INK.**

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Female       Male      Date of Birth [D/M/Y]: \_\_\_\_\_

Canadian Citizen/Permanent Resident/Student Visa: \_\_\_\_\_

Mailing Address/Street: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**EDUCATIONAL HISTORY**, list all schools (secondary and post-secondary) you have attended, starting with the most recent:

Grade	School	City/Town	Years Attended (Start/End)

**COLLEGES/UNIVERSITIES/TECHNICAL SCHOOLS YOU ARE CONSIDERING, IN ORDER OF PREFERENCE:**

Institution Name	Location	Program Name	Program Length

# ACTIVITIES

**PLEASE TELL US WHAT ACTIVITIES YOU HAVE BEEN INVOLVED IN DURING THE PAST THREE YEARS. (IF NECESSARY ATTACH ADDITIONAL INFORMATION)**

**EXTRACURRICULAR ACTIVITIES AT SCHOOL (ARTISTIC, ATHLETIC, LEADERSHIP, ETC.)**

YEAR	NAME OF ACTIVITY	BRIEF DESCRIPTION OF ACTIVITY (POSITIONS HELD)	HRS/MONTH; MONTHS/YR

**EXTRACURRICULAR ACTIVITIES OUTSIDE OF SCHOOL (ARTISTIC, ATHLETIC, VOLUNTEER, TRAINING, EMPLOYMENT, CLUBS, ETC.) (IF NECESSARY ATTACH ADDITIONAL INFORMATION)**

YEAR	NAME OF ACTIVITY	BRIEF DESCRIPTION OF ACTIVITY (POSITIONS HELD)	HRS/MONTH; MONTHS/YR

**PLEASE PROVIDE NAMES AND CONTACT INFORMATION FOR VERIFICATION OF ACTIVITIES LISTED.**

**SCHOOL AWARDS**

DATE	NAME OF AWARD	DESCRIPTION OF AWARD

**AWARDS & ACHIEVEMENTS OUTSIDE OF SCHOOL**

DATE	NAME OF AWARD & ORGANIZATION	DESCRIPTION OF AWARD

**HOBBIES & INTERESTS:**

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**CONFERENCES/COMPETITIONS ATTENDED:**

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**HOW DID YOU FIRST HEAR ABOUT THIS SCHOLARSHIP?** (please circle all that apply)

Teacher/Counsellor

Website

Friend(s)

Other (Specify) \_\_\_\_\_

I hereby declare that the information contained in this application is to the best of my knowledge correct and complete. If awarded a scholarship, I authorize the West Vancouver Community Foundation to release the following information to the donor/sponsor of the award if requested: my name, address, telephone number, and any information contained in this application which is relative to the special requirements of the award.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

## LETTER OF REFERENCE FROM SCHOOL & FROM YOUR COMMUNITY

**This page is to be filled out by your reference from school and from your community. Make sure to choose someone who is not a relative or a friend but who knows you and your activities well.**

**Name of Applicant** \_\_\_\_\_

The above-named scholarship candidate has provided your name as a reference. As the Foundation's Scholarship Committee is currently considering this applicant, we would like to receive a statement from you concerning the candidate's character and abilities. Your frank comments on the individual's strengths and/or weaknesses will assist the Committee in its evaluation process. The Committee looks for qualities of character, intellect, self-reliance, self-discipline, leadership and sportsmanship, as well as the ability to work cooperatively with others. Please note, financial need is not a requirement, and is not a factor considered by the Committee.

Please complete the section below and return it with your letter of reference. You may provide it to the applicant in a sealed envelope, or mail it directly to the Foundation at the address shown below. Your appraisal will be held in strictest confidence. **The deadline for 2012 scholarship submissions is April 15, 2012.**

Name of reference: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Day Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

I have known the applicant for the period of \_\_\_\_\_ to \_\_\_\_\_

I know the applicant in my role as: \_\_\_\_\_

Please return this form together with your letter of reference to:

**Scholarship Committee  
West Vancouver Community Foundation  
775 - 15th Street  
West Vancouver, B.C. V7T 2S9**