**Malvern Cricket & Social Club Inc.**

P.O.Box 92044, 2900 Warden Avenue, Scarborough, Ontario. M1W 3Y8

**The Elsie Boyce Memorial Scholarship Committee**

**Elsie Boyce Memorial Scholarship Fund**

**Objective:**

Under the auspices of the Malvern Cricket & Social Club Inc. to establish the Elsie Boyce Memorial Scholarship (EBMS) Fund to honour the memory of and acknowledge the significant contribution made by a prominent member, Ms. Elsie Boyce to the Malvern Cricket & Social Club Inc. by providing an annual scholarship to a suitably qualified student of Caribbean descent who is pursuing post secondary studies in Hospitality and Culinary Arts in Ontario. The scholarship will consist of Canadian $1,000.00 and a trophy to be presented in October at the Club’s Annual Awards Banquet.

**Eligibility:**

(1) The applicant is a citizen of Canada and of Caribbean parentage

(2) At least one of the parents is or was of Caribbean heritage by birth or naturalization.

(3) On the date that you submit your application for a Elsie Boyce Memorial Scholarship (EBMS) you are not more than 30 years of age and

(4) You are enrolled as a full-time student at a recognized post secondary educational institution in Canada which is authorized by law to grant degrees, diplomas or certificates**.**

**Selection Criteria:**

1. Academic achievement
2. Financial Need
3. Community Service

**Application Requirements:**

1. A completed application form
2. A letter of not more than 500 words written by the applicant describing why they would be worthy of the EBMS funding. Including their academic achievements (schools attended and dates), community service/volunteer activities, other activities (sports/cultural), most important accomplishments and future goals.
3. A completed financial information schedule stating their budget for the coming year including their expected sources of funding (e.g. other scholarships received, student loan, parents etc.), family income and related information to assist in the determination of their financial need.
4. A letter reference from a teacher(s) from high school, college or university.
5. A letter of reference from an individual associated with the organization where they have volunteered (e.g. church, charitable organization, not-for-profit or community). This letter must be on the organization’s letterhead and must be from a person other than their teacher of a family **member**. (Or information included as per attached application)
6. An up to date, official transcript from the college or university they are currently attending.
7. Two passport size photos (these remain the property of the EBMS committee)

**Deadline for submission of Applications:**

Applications must be received by EBMS committee no later than **5:00PM on June 30**.

**Decision Process:**

Scholarship recipients are selected by the EBMS members comprised of at least one member of the Board of Directors of Malvern Cricket & Social Club Inc. and one educator who is not a member of the Board. Recipients will be notified by mid-May and will be required to provide two professional black & white photographs for publicity purposes. Only the successful recipient will be notified. Scholarship grants will be paid directly to the college or university being attended. The EBMS will acknowledge and thank all applicants for their interest in the scholarship.

**Use and Protection of Personal Information:**

All personal information obtained by EMBS committee is for the purpose of evaluating applications for the EMBS scholarship only and will be protected in accordance with the ***Personal Information Protection and Electronic Document Act.***

**For Enquiries: contact us at: info@malverncricketclub.com or our website:** [**www.malverncricketclub.com**](http://www.malverncricketclub.com)**.**

**Mail applications to:**

**Elsie Boyce Memorial Scholarship Fund**

**c/o Malvern Cricket and Social Club Inc.**

**P. O. Box 92044, 2900 Warden Avenue**

**Scarborough, ON, M1W 3Y8**

**Attention: Scholarship Selection Committee**

**EBMS SCHOLARSHIP APPLICATION\* ……….….………….**

**Application for academic year: [\_\_\_\_\_\_\_\_] to [\_\_\_\_\_\_\_\_] Date: \_\_\_\_/\_\_\_\_/\_\_\_\_**

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

**Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone Number: (\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Complete name and address of school and office where scholarship award is to be sent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date accepted: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ **\*Please attach a copy of your letter of acceptance.**

Career objective: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List high school and other schools you have attended. Include name, address, and dates of attendance

School Name Address

One recommendation form **must** be given. It is suggested that the other form be given to a principal, teacher, or counselor who knows you well, your employer, or supervisor, or someone in the community who knows you well.

**List the names, addresses, email addresses and telephone numbers of the two persons you ask to complete recommendation forms:**

**GENERAL INFORMATION ABOUT APPLICANT**

Applicant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List all school related expenses for the upcoming academic year:

Tuition and fees: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Books and supplies $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Board: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commuting Expenses: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: (please specify) $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List activities, leadership positions and significant responsibilities in school, community, home,

church. Applicants who are employed may use this section to provide additional pertinent

information.

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List honors (scholastic, cultural, artistic, etc.), awards, and other forms of recognition

received:

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List hobbies and special interests:

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Have you been employed during the school year? [\_] No [\_] Yes number of hours/week: \_\_\_\_\_\_

Type of job: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you worked summers? [\_] No [\_] Yes Full or part-time? [\_] Full-time [\_] Part-time

Type of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you working now? [\_] No [\_] Yes Full or part-time? [\_] Full-time [\_] Part-time

Type of work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER: ------------------------------- OCCUPATION: -----------------------------

PLACE OF EMPLOYMENT ------------------------------------------------------------

MOTHER: ---------------------------------- OCCUPATION: ---------------------------

PLACE OF EMPLOYMENT --------------------------------------------------------------

NUMBER OF CHILDREN IN FAMILY------------------- AGES: ------------------

**PERSONAL STATEMENT**

Applicant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This portion of the application is intended to assist the Scholarship Committee in obtaining a better sense

of you as a person and as a student. You are free to use whatever approach you find most appropriate.

The scholarship committee hopes that you will touch upon some or all of the following areas:

1) Factors such as family, culture, education, etc. that have most influenced your development as a

person committed to pursuing your educational goals.

2) Your perception of yourself as a member of the profession or career field of which you hope to

become a part.

(Please limit your statement to 500 words or less and print or type on this page, front and back, or attach a

separate sheet).

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**Applicant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The above named student is applying for a scholarship from the Elsie Boyce Memorial Scholarship Fund

These scholarships are available to all individuals of Caribbean Heritage who are pursuing post secondary education in Hospitality and/or culinary arts. Recipients will be selected by the EBMS scholarship committee.

Each member of the committee will carefully review all applications.

Scholarship awards will be based upon academic performance and potential. Personal motivation,

character, the ability to express himself or herself in writing, and involvement in school and community

activities will also be considered in the selection process.

Your assistance in evaluating this applicant will be greatly appreciated. Recommendations are a key part

of the application process. Your recommendation should be as carefully prepared and descriptive as

possible. Please print or type information, using front and back of this page only or attach a separate

sheet.

**1. How long and in what capacity have you known this applicant?**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**2. Please comment upon the strengths and weaknesses of this applicant, which you feel**

**the committee should consider:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**3. RECOMMENDATION (check one):**

[\_] This applicant has my highest recommendation. [\_] I recommend this applicant with some

reservations.

[\_] I recommend this applicant with confidence. [\_] I do not recommend this applicant.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RECOMMENDATION**

**Applicant's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**1. How long and in what capacity have you known this applicant?**

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**2. Please comment upon the strengths and weaknesses of this applicant, which you feel**

**the committee should consider:**

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**3. RECOMMENDATION (check one):**

[\_] This applicant has my highest recommendation. [\_] I recommend this applicant with some

reservations.

[\_] I recommend this applicant with confidence. [\_] I do not recommend this applicant.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone: (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ATTACHMENTS**

Copy of letter of acceptance

Transcripts

**I certify that I am of Caribbean Heritage, that the information given above is accurate and complete and I understand that any false or incomplete information may invalidate my candidacy. I accept that scholarship decisions may only be made by the Elsie Boyce Memorial Scholarship Committee of Malvern Cricket and Social Club Inc.; that a scholarship will only be granted to me if I am enrolled as planned in an accredited Canadian university or college in the Fall of the year of my application. And that such funds may be disbursed to the Scholarships and Awards Office of my university or college. I consent to the use of my name, biography and photograph by its agents and persons in the promotional materials by EBMS or other information released to the public related to the EBMS if granted a scholarship.**

**Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED**