

KLARA AND OSCAR BOOKBINDER SCHOLARSHIP

INFO SHEET

Who can apply and what is needed:

- The student's post-secondary education will be in music studies, and can include a degree, diploma, or certificate program.
- Student must have overcome significant personal, family, social or educational difficulties.
- The student's goals and/or ambition should demonstrate the will to help build a brighter future for themselves and their families.
- Two letters of reference must accompany the application. Quality references are an important part of the selection process, so be sure to provide these.
- The student is a resident of Dufferin, Wellington or Guelph.
- Student must have achieved the academic standing required to continue into a postsecondary institution.
- Without financial assistance, the student might not otherwise be able to continue their education.
- Scholarship funds will be released to the successful applicant upon receipt of **Proof of Enrolment**. *Please note: an offer of admission is not sufficient.*

Scholarship details for graduation program:

Administered by the Children's Foundation of Guelph & Wellington's Scholarship Program, the Klara and Oscar Bookbinder Scholarship of \$2,500 is given out annually to one student chosen from applications received from Family and Children Services and all high schools in Dufferin, Wellington and Guelph. This award was created by the Foundation in honour of the Bookbinders, accomplished musicians and scholars who emigrated to Canada from their native Hungary, settling in Rockwood. Their devotion to, and long history of, teaching music to children and youth enriched the lives of hundreds of local young music students.

KLARA AND OSCAR BOOKBINDER SCHOLARSHIP APPLICATION

Applications to be completed by the **Student** and **Administration** of Family and Children Services or referring Secondary School Staff in Dufferin, Wellington and Guelph and submitted to the Children's Foundation by **May 12, 2023**.

Applications accepted by email to anita@childrensfoundation.org, mail or in person.

First & Last Name: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____

E-mail: _____

Age: _____ Gender: _____ Date of Birth: _____
(identified with) (dd / mm / yyyy)

Name of Secondary School: _____

Contact Name & Position: _____

Telephone: _____ Ext. _____

Email: _____

Date, Time and Location of Commencement: _____

Name of the Post-Secondary Institution attending: _____

Intended Program of study: _____

Check one:

The student has been accepted to this program.

The student is waiting for an offer of admission.

Proof of enrolment will be required.

Part Four: Student's Story

Student: Please share your story by submitting answers to the following questions in the format of your choice (written, visual, audio visual). A one-page story (or equivalent) is sufficient. Assistance from a teacher, guidance counsellor or social worker is allowed, if needed.

- a. Describe the music studies you have to date?
- b. Explain your struggles (personal, family, social or educational difficulties). How have you overcome these struggles to graduate high school and pursue post-secondary education?
- c. What are your educational / career goals?
- d. How do you think receiving this scholarship will help you?
- e. How will this Scholarship assist with your post-secondary goals?

Please provide two letters of reference.

I/We hereby state that the above information is accurate and authorize the Children's Foundation of Guelph and Wellington to make any inquiries it deems necessary to verify this information, and that the confidentiality of such information will be respected. I/We understand that the Children's Foundation has the right not to grant any or all of the funds requested.

Please indicate your preference by selecting ONE of the following choices:

I, the scholarship student, give permission to the Children's Foundation to use some or all of my story information for promotional or fundraising purposes, and I understand that the Children's Foundation will change or remove identifying information including my name for privacy. I understand that I can refuse permission by checking the box below, or at any time in the future by notifying the Children's Foundation in writing.

I do not want my story used for promotional or fundraising purposes.

Application will be viewed **only** by members of the Children's Foundation Scholarship Committee.

Submitted by (Student name):

Submitted by (Contact name):

Check one:

Proof of Enrollment is attached. Proof of Enrollment is still to come.

Dated: _____
(dd / mm / yyyy)

5068 Whitelaw Rd, Unit 2, Guelph ON N1H 6J3

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