

# Alzheimer Society

GREY - BRUCE

## KELLY GRAHAM MEMORIAL SCHOLARSHIP AWARD

**Objective:** To provide financial support to a student who has shown exceptional leadership in the areas of leadership, community volunteerism and supporting individuals living with dementia and/or their caregivers or other health and social services.

**Value:** One award - granted annually - of \$1500.

### Eligibility Criteria:

- Students must be Canadian Citizen and have a Bruce or Grey County address, and/or attend a Bruce or Grey County High School
- Students must be accepted into a post secondary school and show proof of acceptance and intention to attend upon award reception. Post Secondary can include recognized University and Colleges, as well as trade and vocational schools, and upgrading current education.

### Application Criteria:

- Application should mention examples of community involvement, preferably in the health care or social services field
- Application should mention goals of supporting people in Grey and Bruce Counties in the future
- Volunteer work, and leadership should be mentioned in the application
- Please attach one letter of support, commenting on volunteer, leadership or work experience
- Applications available in Alzheimer Society Grey Bruce office, and online, [www.alzheimergreybruce.com](http://www.alzheimergreybruce.com)

Deadline for applications: May 31



ALZHEIMER SOCIETY OF GREY-BRUCE  
753 2ND AVENUE EAST, OWEN SOUND, ON, N4K 2G9  
TEL: (519) 376-7230 1-800-265-9013 FAX: (519) 376-2428  
E-MAIL: [info@alzheimergreybruce.com](mailto:info@alzheimergreybruce.com) WEBSITE: <http://www.alzheimer.ca/greybruce>  
CHARITABLE REGISTRATION NUMBER: 11878 4982 RR0001

# Alzheimer Society

GREY - BRUCE

## PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name and Initial \_\_\_\_\_

Permanent Address (number & street) \_\_\_\_\_ Apartment Number \_\_\_\_\_

City or Town \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Phone # \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Birth \_\_\_\_\_ First Language \_\_\_\_\_ Citizenship Status \_\_\_\_\_  
 English  French  Other (Specify) \_\_\_\_\_

## PROPOSED PROGRAM OF STUDY

Name of Institution	Program	Expected date of:		Certificate or Diploma
		Starting	Completion	Degree Expected? _____.
Address of Institution _____				
Which year of your proposed program of study will you be entering? Year _____.				

## EDUCATIONAL HISTORY

Name of most recent high school OR post secondary institution	Program	Date:		Certificate, Diploma, Degree Completed?
		From	To	



# Alzheimer Society

GREY - BRUCE

## PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Outline briefly your plans for your future career or profession and how this scholarship would assist you in achieving your goals.
2. Comment on your history of volunteer and leadership work in your community.
3. Please comment on your knowledge and/or experiences of people living with Alzheimer's disease or other dementia. Give specific examples.
4. Additional information related to this application which you feel is important for consideration by the committee.

## AGREEMENT

**I hereby certify the above information is correct and can be verified on request; and that I have not been a recipient of this scholarship previously.**

Signature of Applicant \_\_\_\_\_ Date of Application \_\_\_\_\_  
(or of parent/guardian if applicant is not of Age of Majority)

