

# The Peter Elzinga Family Foundation



## *Educational Scholarships*



**(2022)**

Dear Applicant,

Thank you for your interest in the Peter Elzinga Family Foundation Scholarship. We wish you success in your endeavours. Please note the following Foundation Criteria:

1. Any person who is a resident of Alberta is eligible.
2. Two types of scholarships will be offered. The selection committee can choose both types and/or one of the two:
  - A) Any person away from formal education and who desires to further their education (no minimum/maximum age). This could be for re-training, upgrading of work skills, or change of employment.
  - B) Any individual continuing their education (post-secondary, trade school, etc.).
3. Scholarship(s) are awarded annually:  
1 (one) to 5 (five) scholarships will be awarded with a range from \$600.00 to \$2,000.00.
4. Preference will be given to individuals who demonstrate financial need.
5. Candidates must have applied to an institution and be accepted and commence courses no later than January 30th in the year following granting of the scholarship.
6. Successful candidates will be required to show evidence of enrollment.
7. Application deadline is **June 1st**.

To apply for this scholarship please complete the Peter Elzinga Family Foundation application form. Incomplete applications will not be considered for a scholarship. In addition to your application form please submit:

- One (1) letter of recommendation
- A letter stating why you are applying for this scholarship; share a little about yourself, your career goals and why you have chosen the field you are pursuing.

After submitting an initial application, you must advise the Peter Elzinga Family Foundation of the following:

- A) *Changes in financial estimates on application form***
- B) *Changes in declared sources of income, savings, assets, scholarships, grants, etc.***
- C) *Any additional sources of income not previously declared***
- D) *Change of address, marital or academic status or study period***

All applicants will be notified, whether successful or not, of the outcome of their application on or before September 1<sup>st</sup> of the year in which you applied.

Successful applicants will be required to provide their SIN #, before receiving any funds.

Submit application form and all requested information via email (preferable), courier or Canada Post. If you are printing the application and not able to scan the completed application please download the Adobe Scan pdf scanner for the mobile device you are using.

**Peter Elzinga Family Foundation  
4367 - 99 Street Edmonton, AB T6E 5E4**

**E-mail: [scholarship@shaw.ca](mailto:scholarship@shaw.ca)**

**Web Site: <http://www.peterelzinga.com>**

## PERSONAL INFORMATION

Last Name:

\_\_\_\_\_

Given Name:

Initials:

\_\_\_\_\_

Email:

\_\_\_\_\_

Suite or Box #:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City/Town:

\_\_\_\_\_

Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Telephone #

(      )

\_\_\_\_\_ - \_\_\_\_\_

Student Identification Number(if Known):

\_\_\_\_\_

Marital Status:

Single

Married

Single  
Parent

Common-Law

Separated/Divorced  
(No Children)

*(You are considered Common-Law if you have lived together more than 3 years or lived together and have children in the same household)*

Your Maiden Name (if Applicable):

\_\_\_\_\_

Your Date Of Birth:

Day:

Month:

Year:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## BACKGROUND INFO

Citizenship

Canadian

Other

Specify

\_\_\_\_\_

I have lived in Alberta all my life  Yes  No

## STUDIES

Last High School Attended (If Applicable) :

\_\_\_\_\_

Last Grade Completed:

\_\_\_\_\_

Date Completed:

\_\_\_\_\_

Month

\_\_\_\_\_

Year

PREVIOUS FULL-TIME POST-SECONDARY EDUCATION:

Name of School

\_\_\_\_\_

Attended from

\_\_\_\_\_

Month

\_\_\_\_\_

Year

Name of School

\_\_\_\_\_

Attended from

\_\_\_\_\_

Month

\_\_\_\_\_

Year

Program/Faculty

\_\_\_\_\_

To

\_\_\_\_\_

Month

\_\_\_\_\_

Year

Program/Faculty

\_\_\_\_\_

To

\_\_\_\_\_

Month

\_\_\_\_\_

Year

# FINANCIAL INFORMATION

Enter your total income from your 2021 income tax return

\$

( Line #15000 on 2021 return )

**NOTE:** If you are single and have been out of high school for less than 3 years, please complete Schedule 1 as well as the rest of this application form.

While attending school I will live with: Parents

Other

## MONTHLY EXPENSES: (Actual expenses while in school)

Housing and Utilities (rent, power, water, telephone, heating)

\$

Food/Personal Care

\$

Transportation

\$

Child care/Babysitting

\$

Exceptional Expenses (eg. Medical)

\$

List Expenses

Total Monthly Expenses: (Add above income lines)

\$

## MONTHLY INCOME: (Actual income while in school)

Wages/Salary After Deductions

\$

Your Spouse's Income After Deductions

\$

Alimony and/or Child Support

\$

GOVERNMENT FUNDING: *Unemployment Insurance*

\$

*Indian & Northern Affairs Band Funds*

\$

*Vocational Rehabilitation for Disabled Persons*

\$

*AISH - Assured Income for Severely Handicapped*

\$

*Workers' Compensation*

\$

*Social Assistance*

\$

OTHER INCOME: (Eg. orphan's benefits, pensions, rental property, business)

\$

List Other Income

TOTAL MONTHLY INCOME: (Add above income lines)

\$

## ADDITIONAL FINANCIAL INFORMATION:

Tuition, Books and Supplies per semester:

\$

Savings you will have when you start school:

\$

(If your spouse is a full-time student enter 1/2 of your combined savings)

List other funds expected or applied for:

\$

(scholarships, bursaries, grants, etc.)

## YOUR FAMILY

Spouse's Name:

Date of Marriage

\_\_\_\_\_

\_\_\_\_\_  
Day

\_\_\_\_\_  
Month

\_\_\_\_\_  
Year

Common-Law as of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Day*

*Month*

*Year*

My Spouse is:  A full-time student  Employed

A part-time student  Unemployed

Spouse's Occupation

\_\_\_\_\_

Given Names of Children Living with You: Age:

Given Names of Children Living with You: Age:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION PROGRAM FOR WHICH ASSISTANCE IS BEING REQUESTED

Name of School/Institution to which you have applied or are accepted:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City/Town:

Province:

Postal Code:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you registered as a:  Full-time student or  Part-time student

Course of Study

Title:

Date Begins:

Date Ends:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Day Month Year*

*Day Month Year*

Please provide a brief description of the program/course and indicate which year of study you are applying for and if it is a multi-year diploma or degree program.

\_\_\_\_\_

Number of classes per semester you will be taking: \_\_\_\_\_ Number of semesters: \_\_\_\_\_

Has your application been accepted?  Yes  No

If no, please explain current status of your application.

\_\_\_\_\_

## COMMUNITY INVOLVEMENT

List your involvement in professional or volunteer activities or organizations

Organization: \_\_\_\_\_

Number of years  Description of involvement \_\_\_\_\_

Organization: \_\_\_\_\_

Number of years  Description of involvement \_\_\_\_\_

## DECLARATION OF APPLICANT

I declare:

- I have answered all questions applicable to me.
- that to the best of my knowledge the information given on the application and all applicable schedules and correspondence is true.
- I will use any monies awarded to me towards the cost of my education as described in the application.
- that I propose to undertake to complete the program/courses as outlined in this application

Check List:

- Application completed in it's entirety
- 1 letter of reference
- Letter stating why you are applying
- Financial Schedule 1 completed if you have been out of high school less than 3 years

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

\_\_\_\_\_  
Date

*Please note: all information is kept in strict confidence and shredded after 6 months.*

## APPLICANT COMMENTS (Optional)

Additional information, via attachment, may be provided at the applicant's discretion, to assist the committee in their decision making.

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Submit application form and all requested information via email (preferable), courier or Canada Post.  
If you are printing the application and not able to scan the completed application please download the APP **Scannable**.

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Edmonton, AB T6E 5E4

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**PARENTAL FINANCIAL INFORMATION**

(Schedule 1)

**HAVE YOUR PARENT(S) / SPONSOR(S) COMPLETE THIS SCHEDULE IF YOU ARE SINGLE AND HAVE BEEN OUT OF HIGH SCHOOL FOR LESS THAN 3 YEARS. Clarification:** If you last completed/attended high school in June of 2019 or before you DO NOT need to have this form completed.

Parents are responsible for assisting students with the costs of schooling if the resources are available.

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

**PARENT 1 Name:**  
\_\_\_\_\_

**ADDRESS: (Suite or Box #):** \_\_\_\_\_

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

**City/Town:**  
\_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

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

**Occupation:**  
\_\_\_\_\_

**Relationship to applicant:**  Parent  Legal Guardian  
 Step-Parent  Sponsor

**PARENT 2 Name:**  
\_\_\_\_\_

**ADDRESS: (Suite or Box #):** \_\_\_\_\_

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

**City/Town:**  
\_\_\_\_\_

**Province:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

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

**Occupation:**  
\_\_\_\_\_

**Relationship to applicant:**  Parent  Legal Guardian  
 Step-Parent  Sponsor

**DEPENDENT CHILDREN** (Including applicant)

Given Names of Children	Age	Given Names of Children	Age

\_\_\_\_\_ # of children attending post-secondary institutions in 2022/2023  
\_\_\_\_\_ # of Dependent Relatives Living With You

\_\_\_\_\_ # of people in the family

**PARENTAL INCOME** Your TOTAL Income (Line 15000, 2021 Tax Form) Includes employment, pension, net income from all sources

Parent 1's Total Income (Line 15000 of your 2021 Income Tax Form)

Parent 2's Total Income (Line 15000 of your 2021 Income Tax Form)

**SELF EMPLOYMENT INFORMATION**

Value of Total Business Assets (Include: Land, Bldgs., Accts Rec., Equip., etc.) **A**  
DO NOT Include:(Personal Residence, personal savings, R.R.S.P.'s, Pension funds, etc.)

Total Liabilities Related to Assets (Include: Accts. Pay. Notes Pay. Mortgages Pay etc.) **B**

**NET WORTH** (Box A MINUS Box B)

Parent 1's Share of Business (%)

Parent 2's Share of Business (%)

**Exceptional Medical or Dental Expenses or Other Expenses:** (List and include receipts):

**PARENTS/SPONSOR DECLARATION:** I / We declare: that the information given on this schedule is true:

**SIGNATURE OF PARENT 1**

**DATE**

**SIGNATURE OF PARENT 2**

**DATE**

\_\_\_\_\_