

attn: Aynoley.

Guidance Counsellor.

**PETER AND
BIBIANE WILSON
SCHOLARSHIP**

Through the cooperation of the Prévost Foundation.

**PETER AND BIBIANE
WILSON
SCHOLARSHIP**

This scholarship was established by the late Peter and Bibiane Wilson. With no children of their own, the Wilson's wanted to help Ste. Rose youth, who were furthering their education and were dependant on scholarships to help them finance their education. The first scholarships were awarded in 2004.

VALUE

Two awards of up to \$500 each annually.

**ELIGIBILITY
CRITERIA**

Applicants must:

- Be students living in the Town or Rural Municipality of Ste. Rose (as the Wilson's lived in Ste. Rose all their lives)
- Be enrolled full time in the first year university/college program
- Be willing to learn and continue with their courses.

**SELECTION
PROCEDURES**

Applicants must submit the application form along with a one-page essay on why they are choosing their career and their future goals.

Representatives of the Prévost Foundation Board of Directors will review applications with the assistance of a representative of the School faculty if required.

The recipients will be selected on the basis of financial need and the criteria noted above. First consideration will be given to students enrolled in Nursing, Medicine or Education (other programs will be considered if there are no applicants meeting the above criteria).

The recipients will be named during the annual Graduation ceremonies, with the award being issued after confirmation of full-time enrolment in the relevant programs is provided to the Foundation.

Students are requested to advise the Prévost Foundation of any changes to their application, which could affect the receipt of their award, e.g. delayed entry into post-secondary studies, etc.

Should the recipient drop out of the first year program, they must repay the scholarship to the Foundation.

**APPLICATION
PROCEDURES**

Submit completed application form to:

Prévost Foundation

P.O. Box 60

Ste. Rose du Lac, MB R0L 1S0

DEADLINE

Application deadline is May 15.

**PRÉVOST
FOUNDATION**

The Prévost Foundation was established in 1993 by the Sisters of Charity "Grey Nuns" of Montreal Corporation. The Grey Nuns works were transferred to the Catholic Health Corporation of Manitoba in 1999.

The primary purpose of the Prévost Foundation is to assist the Ste. Rose General Hospital in attaining its Mission and works of charity when government funding does not provide such items.

Its secondary purpose is to promote, support or carry out other charitable works of benefit to persons in Manitoba.

Telephone: (204) 447-2181

E-mail: srg@mts.net

Peter and Bibiane Wilson Scholarship

We are collecting the personal information on this form as directly related to and necessary to determine your eligibility for a scholarship. If you have any questions about the collection of this information, please contact Prévost Foundation, P.O. Box 60, Ste. Rose du Lac, MB R0L 1S0, Phone (204) 447-2181.

PERSONAL INFORMATION (Please type or block print)

Social Insurance Number _____

Surname _____ Given Name _____

Street Address _____

City/Town _____

Province _____ Postal Code _____

Telephone Number _____ Birth Date (day/month/year) _____

Gender (check) Male or Female Previous surname (if any) _____

Email address (optional) _____

School attended _____ Canadian Citizen Yes No

Date of Completion of High School _____

PROPOSED POST-SECONDARY STUDIES

Name of Institution _____

Full Time Part Time Start Date _____

In what Faculty are you enrolled? _____

With what degree will be graduate? _____

When will you complete the program? _____

What is your desired occupation? _____

FINANCIAL INFORMATION (Please specify the joint family annual income)

Under \$20,000 \$20,000-\$40,000 \$40,000-\$60,000 \$60,000-\$80,000 Over \$80,000

DECLARATION OF APPLICANT

I have read and understand the instructions, and declare that:

- a. All information provided is true and complete and I understand it is subject to audit;
- b. I will be a full-time student at the institution named for the period stated;
- c. I will immediately notify the Prévost Foundation in writing if I withdraw from full-time studies before completing one semester of studies.

I understand and agreed that:

- a. Prior to receipt of the award, I must provide a copy of my receipts for registration and books to the Prévost Foundation to verify my registration in post-secondary education.
- b. If I withdraw from full-time studies before completing one semester of studies, I must repay the full amount of the award to the Prévost Foundation.

I authorize the Prévost Foundation to release my name, address and award value if I receive a scholarship.

Signature _____ Date _____