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## Brenda Wickstrom Memorial Scholarship Application Form

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The successful applicants will each receive a \$500.00 bursary to further their education at any university or other accredited post-secondary program. You must provide proof of acceptance to a post-secondary program with your application. Awards will be given to one male and one female student graduating from Lockview High School, who are or have been past participants in the Fall River Rebels Basketball program.

Applicants are required to submit

- A completed application form
- A current resume
- Transcripts of marks
- A list of extracurricular activities – especially related to Fall River Rebels Basketball - or other community involvement or community service (if this information is not on your resume)

Please include copies of any certifications, awards and/or acknowledgements you would like us to consider.

**Deadline for Submission of completed application (including all supporting  
documentation): May 31, 2019**  
*(please submit to your Lockview Guidance Counselor)*

Name: \_\_\_\_\_ Sex: Male Female

Complete Mailing Address (including postal code) : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone / Email: \_\_\_\_\_ / \_\_\_\_\_

Year of Graduation: \_\_\_\_\_

Academic average:                      Grade 12: \_\_\_\_\_  
    Grade 10-12 combined: \_\_\_\_\_

Post Secondary Institution you will be attending in the Fall: \_\_\_\_\_

Proof of Acceptance Included?      Y    N

If not, why?

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What was most important about your involvement with Fall River Rebels Basketball?

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Please list each year of participation in Fall River Rebels and what you were involved with (e.g., player / coach / helper):

<b>Year</b>	<b>Role with Rebels</b>

Are there any other areas of community involvement you want to highlight?

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Are there any awards / certificates / or other recognition you wish to highlight?

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Please describe any other extracurricular activities you haven't mentioned:

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***My signature below indicates that all information in my application is true to the best of my knowledge:***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date