

# JOYCE MYERS TRUST FUND Scholarship Application 2017

The Joyce Myers Board of Trustees has implemented a scholarship to curlers who have enrolled full time in a post secondary institution in Atlantic Canada. The intention of these awards is to allow talented athletes to devote primary sources of time and energy to training, rather than extensive employment in order to fund post-secondary education. Recipients will be expected to devote a full-time, shared commitment to sport and education exclusively. This award is not intended to reward past achievements but rather a means to pursue further achievements that surpass the current level of performance. Priority will be given to athletes attending Atlantic universities, colleges or vocational schools.

Please complete the following application, scan and email to the Joyce Myers Trust Fund c/o: [joycemyerstrustfund@gmail.com](mailto:joycemyerstrustfund@gmail.com), by **May 15<sup>th</sup>, 2017**. Along with your application please include a copy of your university or high school transcript and one other letter of reference other than your coach. Disbursement of funds to the successful applicants will occur on October 1, 2017, upon receipt of enrolment confirmation.

## General Information

Surname \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address (*Street/P.O. Box*) \_\_\_\_\_ (**Address to which correspondence should be sent**)

City/Town \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Parents / Guardians Names \_\_\_\_\_

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

Picture Enclosed (*please ensure name is printed on the back*)

Birth Date: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  Male  Female  
Year Month Day

**Educational Status:**  Not Attending School  Post Secondary (*Year of Study* \_\_\_\_\_)

High School (*Present Grade* \_\_\_\_\_)  Other

If Other, please specify: \_\_\_\_\_

**Employment Status:**  Full-time  Part-time  Presently Unemployed  Student

# For Post Secondary Student Athletes Only

Name of Institution: \_\_\_\_\_

Faculty/Degree Program: \_\_\_\_\_ Major: \_\_\_\_\_

Full-time Student       Part-time Student

Attending from: \_\_\_\_\_ \ \_\_\_\_\_ to \_\_\_\_\_ \ \_\_\_\_\_  
Month      Year      Month      Year

## Athletic Performance

### PROVINCIAL PERFORMANCE

EVENT	DATE	PLACING	# OF ENTRIES IN COMPETITION

### NATIONAL PERFORMANCE

EVENT	DATE	PLACING	# OF ENTRIES IN COMPETITION

### INTERNATIONAL PERFORMANCE

EVENT	DATE	PLACING	# OF ENTRIES IN COMPETITION

## Performance Goals

(A) In the space provided, please describe your performance goals for the next 1 – 2 years.

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(B) Please describe your competition, training and educational plans for the next 1 – 2 years that will enable you to achieve the goals you identified above.

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## Estimate of Training Costs (Sept. 2017 - Aug. 2018)

### Training Costs: (gym fees, personal trainer, special equipment, personal gym)

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

### Competition Costs: (Travel, Hotel, Registration Fees, etc.)

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

### Other Expenses: (equipment, tuition fees, additional living expenses, camps, etc.)

1.	_____	\$ _____
2.	_____	\$ _____
3.	_____	\$ _____

TOTAL \$ \_\_\_\_\_

\* Attach additional information if necessary.

## Present Funding Sources

Please list the sources of funding for your present training and competition costs including bursaries, scholarships, sponsorships, grants, remuneration or other financial assistance received for athletic or educational endeavours.

FUNDING SOURCE	DESCRIPTION	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Any Additional Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## References

**(A) FOR COMPLETION BY COACH ONLY**

Surname _____	Given Names _____
Current Mailing Address ( <i>Street/P.O. Box</i> ) _____	
City/Town _____	Postal Code _____
Telephone: (B) _____	(H) _____
This will confirm that the applicant, _____, is presently training and competing in the sport of _____ under the guidance and training of the undersigned.	
Coach's Signature _____	Date _____
Comments: _____	
_____	
_____	

**(B) PLEASE ATTACH A LETTER OF REFERENCE FROM A PERSON OTHER THAN YOUR COACH.**

**(C) FOR COMPLETION BY PROVINCIAL SPORT ORGANIZATION ONLY**

NAME OF PROVINCIAL SPORT ORGANIZATION: \_\_\_\_\_

Date application received by Provincial Sport Organization: \_\_\_\_\_ \ \_\_\_\_\_ \ \_\_\_\_\_  
Year Month Day

Athlete's ranking for assistance within your sport: (i.e. first, second, third, etc): \_\_\_\_\_  
Male and female athletes must be ranked together.

\_\_\_\_\_  
Signature of President, Provincial Sport Organization Date

## Checklist

Ensure the following are completed before submitting your application:

- Picture enclosed
- Application signed
- Performance section completed
- Letter of Reference
- Copy of Transcript
- Coach's signature