



## 2025 Nicholas Holmberg Memorial Scholarship Guidelines

### Scholarships Available

We are pleased to announce this year we have 2 scholarships of \$1500 available. The 2025 Nicholas Holmberg Memorial Scholarship is available to students who are or will be studying for an undergraduate degree, diploma or certificate at a Canadian university or college.

### Eligibility

You are eligible to apply for a Nicholas Holmberg Memorial Scholarship if:

- a) You are a youth (under 30 years old) currently residing in Abbotsford, BC
- b) You will be a full-time student at a recognized college, university or trades program in Canada which is authorized by law to grant degrees, diplomas, or certificates in the next year.

### Selection Criteria

The following criteria are applied in the selection of scholarship recipients. Each criterion is weighted relative to the order listed below:

- (a) Have at least 25 hours of community volunteer service in the last 2 years
- (b) Financial need (Part 2 of Application). Completing this section will help the panel understand your financial situation and may inform the scholarship amount you receive.



### Application Requirements

1. A completed application form. *Note: Part 2 of the application asking for Financial Information is optional.*
2. A letter of no more than 500 words written by you, describing why you should be a recipient of the 2025 Nicholas Holmberg Memorial Scholarship.

Your letter must include information on:

- a. Your academic achievements, including awards and honorariums
  - b. Goals/hopes for future education
  - c. Information on how this scholarship will benefit you and how you plan to use it
  - d. A brief explanation of your financial need
  - e. An explanation of where you volunteered your 25+ hours of community volunteer service in the last 2 years and why
3. Scholarship recipient must be available to attend award ceremony on June 12, 2025.
  4. An up-to-date proof of enrollment document from the college or university you hope to attend in the upcoming school year.
  5. One passport size photo – good quality head and shoulders shot in JPG file.

### Submission of Application

Submit all items 1-5 of the Application Requirements by email to: [Scholarships@abbotsfordhospice.org](mailto:Scholarships@abbotsfordhospice.org) or in person at Abbotsford Hospice and Grief Support Society – 32780 Marshall Road, Abbotsford, BC, V2S 1J7, attention: Michelle Whalen. f

When providing financial information, please do so in Canadian dollars.

### Deadline for Submission

Application must be submitted by email or in person before Wednesday April 30<sup>th</sup>, 2025. Please do not apply before you have all the required documents. Applications received after May 1<sup>st</sup>, 2025 will not be accepted.

### Decisions:

Scholarship applications will be evaluated by a panel of AHGSS staff, following which the Board will select scholarship recipients. Recipients will be notified by both email and a phone call.

### Payments of Scholarship Grants:

Each scholarship grant will be paid directly to the university or college being attended by the recipient.



**Use and Protection of Personal Information:**

We may publish the names, biographies, and photographs of scholarship recipients on our website and in promotional material or other information released to the public relating to the scholarship.

All personal information obtained by AHGSS is for the evaluation of applications for the Nicholas Holmberg Scholarships only and will be protected in accordance with the Personal Information Protection and Electronic Documents Act.

## 2025 Nicholas Holmberg Scholarship Application

### Part 1

#### Personal Information

Surname:	Legal First Name:	Initial or Middle Name:
How do you wish to be addressed: <input type="checkbox"/> Mr. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. <input type="checkbox"/> Other _____	Date of Birth (Year/Month/Day):	Canadian Social Insurance Number:

#### Permanent Address

Street:	City:	Province/Territory:	Postal Code:
Home Phone:	Cell Phone:	Email Address:	

#### Educational Institute

Name of Educational Institution from Which You Most Recently Graduated or are Currently Attending:	Status of Study: <input type="checkbox"/> Attending <input type="checkbox"/> Graduated		
Name of College or University to Which You Have Been Accepted as a Student in the Upcoming Fall/Winter:			
Street:	City/Town:	Province/Territory:	Postal Code:



College/University Student Number:	Currently a student?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Year of Graduation:
Program of Study:	Career Goal:	

**Our Commitment to Your Privacy**

AHGSS is committed to protecting the privacy of information you share with us. The information you provide in this form will be used solely to process your application for a scholarship and will remain strictly confidential.

**2025 Nicholas Holmberg Memorial Scholarship Application**  
**Part 2: Financial Information**

<b>A: EDUCATIONAL EXPENSES AND FUNDING</b>			
<b>Expenses</b>	<b>\$CND (Nearest \$100)</b>	<b>Sources of Funding</b>	<b>\$CND (Nearest \$100)</b>
Tuition Fees		Scholarships / Bursaries excluding BCF Scholarships	
Residence or Rental Accommodation Costs		Personal Savings	
Living Expenses		Parents / Family Contribution	
Textbooks		Student Loans / Grants	
Stationery / Academic Supplies		Student Loans / Grants	
Transportation		Alt. Funding:	
		Alt. Funding:	
<b>Expenses Total</b>		<b>Income Total</b>	

**B: FAMILY FINANCIALS**

In the space below, please check the range for your parents' gross income as reported in last year's tax return and provide the additional information requested. This information will assist us in determining your financial need. If you do not have a legal guardian, please move on to section C.

Guardian 1 Occupation:	Guardian 2 Occupation:
Guardian 1 Employer:	Guardian 2 Employer:



<input type="checkbox"/> Under \$50,000	<input type="checkbox"/> \$50, 00 – Under 75,000	<input type="checkbox"/> \$75,000 – Under 100, 000	<input type="checkbox"/> 100, 000 +
Total Number of Family Members Living at Home:		Total Number of Dependents in Your Family Including You:	
Total Number of Children Living at Home and age:		Number of Children Attending College / University:	
<b>C: YOUTH FINANCIALS</b>			
Are you a youth in care?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a youth on a Youth Agreement?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you aware of the Provincial Tuition Waiver Program?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be accessing this program? : <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you aware of the Youth Futures Education Fund?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Will you be accessing this program?: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Wherever possible, provide copies of receipts, invoices and tuition waivers bearing your name or that of your guardian(s)/parents(s).

I consent to the use of my name, biography and photograph by AHGSS or its agents or sponsors, in promotional material or other information released to the public relating to the AHGSS Scholarships if I am granted a scholarship.  Yes  No

Name (Printed) \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

I certify that I am or will be a full-time student and that the information given above is accurate and complete and understand that any false or incomplete information may invalidate my candidacy. I accept that scholarship decisions may only be made by the AGHSS Scholarship Panel, that all decisions are final, and a scholarship will only be granted to me if I am enrolled as planned in an accredited Canadian university or college in the Fall/Winter in the year(s) of my application; and that such funds will be disbursed to the Scholarships and Awards Office of my university or college.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_